

**RECEIVED**  
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 COMMISSION  
 ON ETHICS

**NEVADA FINANCIAL DISCLOSURE STATEMENT**  
 (Attach additional sheets if necessary.)

NAME RONALD E. SUPP  
 MAILING ADDRESS 801 FLORENCE WAY  
 CITY, STATE, ZIP WEST WENDOVER NV. 89883  
 TELEPHONE 775-664-2930

LENGTH OF RESIDENCE IN NEVADA 26 YEAR  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] 6 mo  
 E-MAIL RSUPP@WESTWENDOVERCITY.COM

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office          | Elected (E) or Appointed (A) | Annual Compensation | Term or Date Appointed | ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.559(1)(b) 281.561(1)(b) | CANDIDATE (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate) NRS 281.561(1)(a) | APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281.559(1)(a) |
|------------------------|------------------------------|---------------------|------------------------|--|---|---|
| <u>CHIEF OF POLICE</u> | <u>A</u>                     | <u>\$67,800</u>     | <u>6/6/05</u>          | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| _____                  | _____                        | \$ _____            | _____                  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| _____                  | _____                        | \$ _____            | _____                  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

| Source of Income             | Self                                | Household Member                    |
|------------------------------|-------------------------------------|-------------------------------------|
| <u>CITY OF WEST WENDOVER</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>GREAT BASIN COLLEGE</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| _____                        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____                        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____                        | <input type="checkbox"/>            | <input type="checkbox"/>            |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

| Creditor                | Self                                | Household Member         |
|-------------------------|-------------------------------------|--------------------------|
| <u>GREAT BASIN BANK</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| _____                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| _____                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| _____                   | <input type="checkbox"/>            | <input type="checkbox"/> |