

**Nevada Commission on Ethics  
FINANCIAL DISCLOSURE STATEMENT  
(Attach additional sheets if necessary)**

Name: Robert L. ELIASON Address: 2016 Reynolds Ct.  
 Length of resident in Nevada: 31 yrs. District where registered to vote: \_\_\_\_\_  
[NRS 281.571, Subsection 1(a)]

List all public offices for which this Financial Disclosure Statement is required [NRS 281.571, Subsection 1(g)]:

Public Office & Term	Annual (3/31) NRS 281.561(1)(c)	Candidate NRS 281.561(1)(a)	Appointed NRS 281.561(1)(b)	Leaving Office NRS 281(1)(d)
<u>City Council Ward 1</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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Member:	Self:	Household:
<u>Juliet Land Co.</u>	<input checked="" 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 retained by seller] [NRS 281.571, Subsection 1(d)]:

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
_____	_____
_____	_____
_____	_____

List the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday, or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial, or political action. [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
_____	_____
_____	_____
_____	_____

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE.

Date: 3-14-02

Signature: Robert L. Elison

**Nevada Commission on Ethics  
FINANCIAL DISCLOSURE STATEMENT  
(Attach additional sheets if necessary)**

Name: Robert L. Eliason Address: 2016 Reynolds Ct.  
 Length of resident in Nevada: 39 yrs. District where registered to vote: \_\_\_\_\_  
[NRS 281.571, Subsection 1(a)]

List all public offices for which this Financial Disclosure Statement is required [NRS 281.571, Subsection 1(g)]:

Public Office & Term	Annual (3/31) NRS 281.561(1)(c)	Candidate NRS 281.561(1)(a)	Appointed NRS 281.561(1)(b)	Leaving Office NRS 281(1)(d)
<u>City Council Ward 1</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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Member:	Self:	Household:
<u>Juliet Land Co.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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Specific Location	Particular Use
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Donor	Value of Gift
_____	_____
_____	_____
_____	_____

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE.

Date: 3-14-02

Signature: Robert L. Eliason