

1KD CAN 1097
NEVADA FINANCIAL DISCLOSURE STATEMENT
 (Attach additional sheets if necessary.)

FILE
JAN 20 2004

DEAN HELLER
 SECRETARY OF STATE

NAME JAEK LUND SCHOFIELD LENGTH OF RESIDENCE IN NEVADA 67 YEARS
 MAILING ADDRESS 308 SO. 8TH STREET LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 35 YEARS
 CITY, STATE, ZIP LAS VEGAS NV 89104
 TELEPHONE (702) 382-9638 NRS 281.571(1)(a)

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

Public Office	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 th 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>UNIVERSITY REGENT</u>	<u>\$ 0</u>	<u>1-1-2003</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)]:

	Self	Household Member
<u>PERS RETIREMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>" " LEGISLATIVE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>SOCIAL SECURITY</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>" " SPOUSE</u>	<input type="checkbox"/>	<input checked="" 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)]:

	Self	Household Member
<u>0</u>	<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"/>

