378

FILE

MAY 26 2004

DEAN HELLER
SECRETARY OF STATE

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

NAME Steven D. Grierson
MAILING ADDRESS 870 Chaste Ct.
CITY, STATE, ZIP Henderson, NV 89015
TELEPHONE 702-433-8683

LENGTH OF RESIDENCE IN NEVADA 16 yrs
LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 10/1/2003
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 10th 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)
Nevada State Assembly	$		☐	☑	☐
	$		☐	☐	☐
	$		☐	☐	☐

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
Clark County	☑	☐
University and Community College System of Nevada	☑	☐
Horizon Family Therapy and Wellness, Inc.	☐	☑
Self-Employed	☐	☑
	☐	☐

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
Wells Fargo	☑	☑
Discover	☑	☑
MBNA	☑	☑
	☐	☐
	☐	☐

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)]:

	Self	Household Member
Horizon Family Therapy and Wellness, Inc.	☑	☑
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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
NONE	

List the identity of donor and value of each gift 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, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
NONE	$
	$
	$
	$
	$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 5/23/04 Signature: Steven Shriver

Revised 8/28/2003