

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

18612

FILED

PERSONAL INFORMATION

NAME: Paulos Pax Haslem	LENGTH OF RESIDENCE IN NEVADA: 2yrs	2008 MAY 23 AM 10:43
ADDRESS: PO Box 150661		CLERK
CITY, STATE, ZIP: Ely, NV 89315	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): 2yrs	DEPUTY
TELEPHONE: 775-293-2659	E-MAIL: paxhaslem@optonline.net	

SECTION A (Public Office)

List all public offices for which this financial disclosure statement is required [NRS 281A.620, Subsection 1(g)]:

Public Office	Elected or Appointed (E or A)	Annual Compensation	Term or Date Appointed	ANNUAL	CANDIDATE	APPOINTMENT
				all elected and appointed public officers (no later than Jan. 15 each year) NRS 281A.600(1)(b) 281A.610(1)(b)	(no later than the 10 th day after the last day to qualify as a candidate) NRS 281A.610(1)(c)	to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281A.600(1)(c)
Hospital Board of Trustees, DS	E	\$ NA	NA	<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"/>	<input type="checkbox"/>

SECTION B (Sources of Income)

List each source of your income (including any source listed in Section A), or that of any member of his household who is 18 years of age or older. [NRS 281A.620, Subsection 1(b)]:

	Self	Household Member
White Pine County School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ely Family Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C (Real Property)

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 281A.620, Subsection 1(c)]:

Specific Location	Particular Use
NONE	

SECTION D (Creditors)

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 in Section C above; and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281A.620, Subsection 1(d)]:

	Self	Household Member
< See Attached >	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E (Gifts)

If you received gifts in excess of an aggregate value of \$200 from a donor during the preceding taxable year, list the identity of donor and value of each gift. [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 281A.620, Subsection 1(e)]:

Donor	Value of Gift
< NONE >	\$
	\$
	\$
	\$
	\$

SECTION F (Business Entities)

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 281A.620, Subsection 1(f)]:

	Self	Household Member
< NONE >	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: May 22, 2008

Signature: 

Financial Disclosure for Paulos Pax Haslem
Hospital Board of Trustees, District 5
White Pine County, Nevada
May 2008

NEVADA FINANCIAL DISCLOSURE STATEMENT
Section D (Creditors)

List each creditor you or a member of your household owes...

(self/household member)	Bank Of America
(self)	American Express
(household member)	Sears (CitiBank)
(self)	ExxonMobil
(self/household member)	Chase
(household member)	Juniper
(self)	CitiFinancial
(household member)	Kohl's
(household member)	Home Depot
(household member)	Wachovia
(self/household member)	Sallie Mae