

FILED

FEB - 4 2008

SECRETARY OF STATE  
ELECTIONS DIVISION

# NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

(Please read the instructions before completing.)

18112

## PERSONAL INFORMATION:

|  |   |
|--|---|
| NAME: <u>Steven A. Horsford</u>                    | LENGTH OF RESIDENCE IN NEVADA: <u>34 years</u>  |
| ADDRESS: <u>1306 West Craig Road Ste E-310</u>     |   |
| CITY, STATE, ZIP: <u>North Las Vegas, NV 89032</u> | LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE (NRS 281A.620(1)(a)): <u>5 years</u> |
| TELEPHONE: <u>(702) 985-7535</u>                   | E-MAIL: <u>steven@stevenhorsford.com</u>  |

**SECTION A (Public Office):** List all public offices for which this financial disclosure statement is required [NRS 281A.620.1(g)] and check each box accordingly i.e. annual, candidate or appointment filing:

- **ANNUAL** all elected and appointed public officers (no later than Jan. 15 each year)
- **CANDIDATE** (no later than the 10<sup>th</sup> day after the last day to qualify as a candidate)
- **APPOINTMENT** to fill unexpired term of an elected or appointed public officer (within 30 days)

| Public Office       | Elected, Appointed or Appointed to Elective (E, A or A/E) | Annual Compensation        | Term or Date Appointed | ANNUAL                              | CANDIDATE                | APPOINTMENT              |
|---------------------|---|----------------------------|------------------------|-------------------------------------|--------------------------|--------------------------|
|                     |   |                            |                        | NRS 281A.600.1(b)<br>281A.610.1(b)  | NRS 281A.610.1(a)        | NRS 281A.600.1(a)        |
| <u>State Senate</u> | <u>E</u>  | <u>\$ 7800<sup>#</sup></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"/> |

**SECTION B (Sources of Income):** List each source of your income (including any source listed in Section A), or that of any member of your household who is 18 years of age or older. [NRS 281A.620.1(b)]:

|                                  | Self                                | Household Member                    |
|----------------------------------|-------------------------------------|-------------------------------------|
| <u>Culinary Training Academy</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>UNLV</u>                      | <input type="checkbox"/>            | <input checked="" 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.620.1(c)]:

| Specific Location                           | Particular Use  |
|---|-----------------|
| <u>Marriott</u><br><u>Newport Coast, CA</u> | <u>Vacation</u> |
|   |                 |
|   |                 |
|   |                 |

Print Name of Public Officer

**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.620.1(d)]:

|      | 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"/> |

**SECTION E (Gifts):** 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, or political action] [NRS 281A.620.1(e)]:

| Donor | Gift | 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.620.1(f)]:

|                          | Self                                | Household Member         |
|--------------------------|-------------------------------------|--------------------------|
| Horsford Strategies, LLC | <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"/> |

**THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.**

Date: 1/15/08

Signature: Steven Horsford  
Print name: Steven Horsford

**FILE COMPLETED FORM WITH:**  
Appointed Public Officers  
Nevada Commission on Ethics  
3476 Executive Pointe Way, Suite 10  
Carson City, Nevada 89706  
775.687.5469 • 775.687.1279 fax

Elected Public Officers and Candidates for Public Office  
Nevada Secretary of State, Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701  
775.684.5705 • 775.684.5718 fax