

**NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)**  
Please read the instruction before completing. Attach additional sheets if necessary.

**FAXED / FILED**

JAN - 7 2010  
SECRETARY OF STATE  
ELECTIONS DIVISION

**PERSONAL INFORMATION:**

NAME: <u>Bob T Kershaw</u>	LENGTH OF RESIDENCE IN NEVADA: <u>21</u> YEARS
ADDRESS: <u>126 RUE DE LA BLEU DE CLAIR</u>	
CITY, STATE, ZIP: <u>Lockwood, NV 89434</u>	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: <u>20</u> YEARS
TELEPHONE: <u>775-342-0154</u>	E-MAIL: <u>bob+kershaw@sbccj.net</u>

**SECTION A (Public Office):** List all public offices for which this financial disclosure statement is required and check each box accordingly i.e. annual, candidate or appointment filing NRS 281A.620 1(g).

22027

Title of Public Office and Name of Government	Elected, appointed or appointed to elected (E.A. AE)	Annual Compensation	Date elected or appointed	Check the appropriate boxes below		
				ANNUAL NRS 281A 600.1 & 281A.610 1	CANDIDATE NRS 281A 610 1(a)	APPOINTMENT NRS 281A.600 1
<u>Commissioner STEERY County</u>		<u>\$ 31,500</u>	<u>11/2000</u>	<input checked="" type="checkbox"/>		
		\$				
		\$				

**SECTION B (Sources of Income):** List each source of your income (in addition to any source listed in Section A), or that of any member of your household who is 18 years of age or older. NRS281A.620.1(b).

	Household	
	Self	Member
	Check the appropriate boxes below	
<u>Circus Circus 12800</u>	<input checked="" type="checkbox"/>	
<u>Circus Circus 12800</u>		<input checked="" type="checkbox"/>
<u>Wildhorse Saloon</u>		<input checked="" 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

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 your personal residence, and (2) debt on a motor vehicle for personal use retained by seller. NRS 281A.620 1(d)]

	Self	Household Member
	Check the appropriate boxes	
CHASE Credit Card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UNION PLUS Credit Card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION E (Gifts).** List the gift, identity of donor and value of each gift if all gifts received are 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)

Gift	Donor	Value of Gift
		\$
		\$
		\$
		\$

**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
	Check the appropriate boxes	
	<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: 1-7-2010 Signature: [Signature]  
 Print Name: BOB T KEIRSHAW

**WHERE TO FILE:**

**APPOINTED PUBLIC OFFICERS  
 SUBMIT TO:**  
 Nevada Commission on Ethics  
 3476 Executive Pointe Way, Suite 10  
 Carson City, Nevada 89706  
 775.687.5469 • 775.687.1279 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES  
 SUBMIT TO:**  
 Nevada Secretary of State, Elections Division  
 101 North Carson Street, Suite 3  
 Carson City, Nevada 89701  
 775.684.5705 • 775.684.5718 fax