

STATE OF NEVADA  
COMMISSION ON ETHICS

STATEMENT OF FINANCIAL  
DISCLOSURE FORM

INFORMATION AND INSTRUCTIONS



Julia Wesson Trustee

PRESCRIBED UNDER THE AUTHORITY GRANTED BY NRS 281.571

FILING OFFICER: This form is to be signed, detached and forwarded to: Nevada Commission on Ethics,  
Capitol Complex, Carson City, Nevada 89710.

ACKNOWLEDGMENT

I, ..... , hereby acknowledge receipt of a Statement of Financial Disclosure Form (NCE-1) and accompanying information and instructions sheet. I understand that I must file the Statement of Financial Disclosure, and all future Statements, within the specified statutory time. I understand that a willful failure to file the required Statements within the specified statutory time is a misdemeanor (NRS 281.581); and that knowingly making any false or misleading statements on a Statement of Financial Disclosure is a gross misdemeanor (NRS 197.130).

April 9, 1986  
Date

Julia A. Wesson  
Signature

JULIA A. WESSON  
Printed Name

645 Apollo Ave  
Mailing address

Henderson District Library Trustee  
Office Being Sought or Held

Telephone Number (Optional)

(This acknowledgment should be completed and forwarded by the filing officer if the instructions and form are mailed to a public officer at his request.)

COMMISSION ON ETHICS

STATEMENT OF FINANCIAL DISCLOSURE

(Read instructions on cover sheet before beginning.)

1. Name Julia A. Wesson
2. Business phone (optional) 564-2561
3. Mailing address 645 Apollo Ave Henderson 89015
4. Length of residence in Nevada 16
5. Length of residence in district (precinct in which registered to vote)

6. Complete this section only if you are a candidate for elective office or now hold elective office by election or appointment:
a. Office sought or held
b. Date term of office begins/began
c. Date term of office ends
d. Name and address of governmental entity:
6. Complete this section only if you hold appointive public office:
a. Appointive office held
b. Date appointment began
c. Date appointment ends
d. Date appointing authority's term ends
e. Appointed by
f. Name and address of governmental entity:

7. Disclose each source of your income or that of any member of your household, which constitutes 10 percent or more of your gross income or that of any member of your household for the PRECEDING taxable year. No listing of individual clients, customers or patients is required; instead, in such cases, list only the general source of income such as, for example, "professional services"—NRS 281.571(2). You are NOT required to disclose the dollar amount of income:
SOURCE: State Industries Inc, State Industries Inc
WHOSE (Self, spouse, both, others, etc.): SELF, Spouse

(Attach additional sheets if necessary)

8. Disclose the general location and normal use of any real estate, OTHER THAN A PERSONAL RESIDENCE, in which you or a member of your household has a legal or beneficial interest, whose fair market value is \$2,500 or more and which is located in this state or any adjacent state:
LOCATION (City of, county of, township/range/section. Specific addresses are not required.)
NATURE OF ITS USE OR USES (Unimproved vacant land, agricultural land, commercial building, apartments, single-family rental, etc.)

(Attach additional sheets if necessary)

9. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more, except for: (a) A debt secured by a mortgage or deed of trust on real estate which is exempted from the reporting requirements of item 8 above; and (b) A debt for which a security interest in a motor vehicle for personal use was retained by the seller—NRS 281.571(4). You are NOT required to disclose the dollar amount of debts owed:

(Attach additional sheets if necessary)

The information contained in this document is true and complete.

Date: April 9, 1986
Signature: Julia A. Wesson