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NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read the instruction before completing. Attach additional sheets if necessary. JAN 15 2010

COMMISSION ON ETHICS

PERSONAL INFORMATION:

NAME: Patrick Kevin Schiller	LENGTH OF RESIDENCE IN NEVADA: 14 yrs
ADDRESS: P.O. Box 11130	
CITY, STATE, ZIP: RENO, NV 89520 0027	LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: 6 yrs
TELEPHONE: 775-337-4452	E-MAIL: kschiller@ kschiller@washoecounty.nv.us

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).

Title of Public Office and Name of Government	Elected, appointed or appointed to elected (E, A, AE)	Annual Compensation	Date elected or appointed	ANNUAL NRS 281A.600.1 & 281A.610.1	CANDIDATE NRS 281A.610.1(a)	APPOINTMENT NRS 281A.600.1
Washoe County Director of Social Services	A	\$ 125,000 ⁰⁰	1-5-09	<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 (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. NRS 281A.620.1(b).

	Household Self Member
ST. MARY'S HOSPITAL - A MEMBER OF CHW	<input checked="" 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
311 Devere Way, Sparks, NV 89436	Rental - Relative

Name of Public Officer: Patrick Kevin Schiller

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).

	Household	
	Self	Member
	Check the appropriate boxes	
Bank of America	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frontier Financial Credit Union	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S. Bank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bank of the West	<input checked="" type="checkbox"/>	<input checked="" 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).

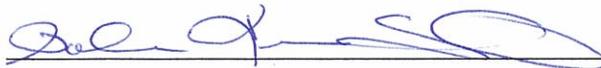
Gift	Donor	Value of Gift
		\$
		\$
		\$
		\$

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).

	Household	
	Self	Member
	Check the appropriate boxes	

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1-11-2010

Signature: 

Print Name: Patrick Kevin Schiller

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



DEPARTMENT OF SOCIAL SERVICES

WASHOE COUNTY

"Dedicated to Excellence in Public Service"

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JAN 15 2010

COMMISSION
ON ETHICS

350 SOUTH CENTER STREET, 3rd FLOOR
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE: (775) 785-8600

January 13, 2010

To: Nevada Commission on Ethics
3476 Executive Pointe Way, Suite 10
Carson City, NV 89706

From: Kevin Schiller, Director
Washoe County Department of Social Services

Re: Financial Disclosure Statement

Enclosed is my Financial Disclosure Statement for 2010.

If you have any questions or concerns please contact me at 775-337-4452.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Schiller", written over a horizontal line.

Kevin Schiller