# FINANCIAL DISCLOSURE REPORT

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#### FILER INFORMATION

Name: Michael Roberson

**Status:** Congressional Candidate

State/District: NV03

#### FILING INFORMATION

Filing Type: Candidate Report

Filing Year: 2015

**Filing Date:** 11/5/2015

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
KML Family LLC, a Nevada limited-liability company ⇒ Flamingo Capitan, a Nevada general partnership Location: 3600 W. Reno Industrial Property, Clark	x, NV, US	\$346,000	Rent	\$1,001 - \$2,500	\$1,001 - \$2,500
KML Family LLC, a Nevada limited-liability company ⇒ Sunride Investment Group, a Nevada general partnership LOCATION: 3520 West Reno Industrial Property, Cla	ark County,	\$187,000 NV, US	Rent	\$2,501 - \$5,000	\$2,501 - \$5,000
LL CCL LLC, a Nevada limited liability company  Location: East Sahara Vacant Lot, Clark, NV, US  DESCRIPTION: Asset was sold in 2015.	SP	None	Capital Gains	\$5,001 - \$15,000	None
LL CCL LLC, a Nevada limited-liability company  LOCATION: East Sahara Office Property, Clark, NV, U	US	\$90,000	Rent	\$5,001 - \$15,000	\$5,001 - \$15,000
Morgan Stanley Money Market Account	SP	\$100,001 - \$250,000	Interest	\$201 - \$1,000	\$201 - \$1,000

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Public Employees Retirement System of Nevada	SP	Undetermined	Tax-Deferred		
Wells Fargo Bank Accounts	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200

<sup>\*</sup> Asset class details available at the bottom of this form.

#### SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Kolesar & Leatham, Chartered	Salary	\$110,000	\$121,071.14
Clark County School District	Spouse Salary	N/A	N/A
State of Nevada	Legislative salary	\$16,052.3	\$2,486.93

#### SCHEDULE D: LIABILITIES

Owne	r Creditor	Date Incurred	Туре	Amount of Liability
	American Education Services	May 1996	Student Loan	\$100,001 - \$250,000

#### **S**CHEDULE **E**: **P**OSITIONS

Position	Name of Organization
President and Director	Michael C. Roberson, Ltd., a Nevada professional corporation
Board Member	Spring Valley Hospital Board of Governors
Executive Committee member	Council of State Governments-West

#### SCHEDULE F: AGREEMENTS

None disclosed.

# Schedule J: Compensation in Excess of \$5,000 Paid by One Source

None disclosed.

## SCHEDULE A ASSET CLASS DETAILS

• KML Family LLC, a Nevada limited-liability company LOCATION: US

#### EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts**: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

∇es No

**Exemption**: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

C Yes No

#### **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Michael Roberson, 11/5/2015