

FILED 06/13/2025 The Administrative Office of the Courts State Court Administrator

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 20 16

GENERAL INFORMATION

1.	Name Jerry A. WIESE T	_
2.	Title DISPRICT COURT TUKE	
3.	Mailing address 200 LEWIS AVE, DEPT. 30, LAS VEZAS AN 89155.	
4.	Length of residence in Nevada 47	
5.	County in which you are registered to vote CLARK	
6.	Length of residence in the county in which you are registered to vote	_
	COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES	
7.	Judges, and not their spouses or domestic partners, must disclose the date, place, and nature of any extra-judi activity for which you received compensation, the name of the payor, and the amount or value of compensation so received. See Code of Judicial Conduct Rule 3.15 (A)(1). NRS 281A.070 defines compensation mean, "any money, thing of value or economic benefit conferred on or received by any person in return services rendered, personally or by another." Attach additional sheets if necessary.	the tion
	Date Nature and Place of Activity Name of Payor Amount	
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GIFTS, BEQUESTS, FAVORS, OR LOANS

Judges, and not their spouses or domestic partners, must disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you if its value exceeded \$200. See Code of Judicial Conduct

Rule 3.15(A)(2). In completing this section, please review all provisions of Code of Judicial Conduct Rule 3.13. Attach additional sheets if necessary. Date Name and Place of Gift Name of Donor Amount ESTIMATE FEB 2016 W. MOTOR SPEEDS NASCAR TICKET Disclose the date, reimbursement of expenses or waiver of fees or charges on your behalf or on behalf of your spouse, domestic partner, or guest if its value exceeded \$200. See Code of Judicial Conduct Rule 3.15(A)(2). In completing this section, please review all provisions of Code of Judicial Conduct Rule 3.14. Attach additional sheets if necessary. Fees or Charges Waived Source or Reimbursement or Waiver Date Amount or Expenses Reimbursed I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE. Signature File this form with the State Court Administrator. Deliver or mail to: **State Court Administrator** Attn: Cynthia Sampson Administrative Office of the Courts 201 S. Carson Street, Suite 250 Carson City, Nevada 89701-4702 Telephone: (775) 684-1744

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