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JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 2007

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COMMISSION ON ETHICS

GENERAL INFORMATION

1. Name NANCY L. ALF
2. Title Candidate for Supreme Court, "B"
3. Mailing address 8713 Castle Ridge Ave.
   Las Vegas, NV 89129
4. Length of residence in Nevada 25 years +
5. County in which you are registered to vote Clark
6. Length of residence in the county in which you are registered to vote 25 years +

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. *See* Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

Date	*Nature and Place of Activity*	*Name of Payor*	*Amount*
1/07 - 8/7/07	Las Vegas - law practice	Parsons, Behle & Latimer	$65,000 (est.)
8/8/07 - 12/07	" "	Gonzalez Saggio & Harlan LLP	$75,000 (est.)

INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." *See* Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

Source of Income	*Recipient*
Clark County - small claims referee PT	Nancy L. Alf
Policy Communications - consulting	David V. Thomas
Professional services - law practice (see above)	Nancy L. Alf
" "	David V. Thomas

REAL PROPERTY

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of $2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. *See* Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

Specific Location	*Nature/Particular Use*	*Interest Holder*
8713 Castle Ridge Ave.	home	Alif, Thomas - joint tenants

CREDITORS

10. Disclose the name of each creditor to whom you or a member of your household owes $5,000 or more unless: (a) the debit is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. *See* Canon 4I(2)(a)(v). Attach additional sheets if necessary.

Name of Creditor	*Name of Debtor*
Visa	Nancy L. Alif
Wells Fargo bank	" + David V. Thomas

BUSINESS ENTITIES

11. List each business entity in 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 any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. *See* Canon 4I(2)(a)(vi). Attach additional sheets if necessary.

Business Entity	*Nature of Involvement*	*Person Involved*
Alif & Associates	owner	Nancy L. Alif
Policy Communications	owner	David V. Thomas
John Bryant Trust	trustee	David V. Thomas

GIFTS, BEQUESTS, FAVORS, OR LOANS

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded $200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially* Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

Date	*Name and Place of Gift*	*Name of Donor*	*Amount*
12/25/07	Xmas gift to Nancy	Juanita Alif Mendoza + Greg Mendoza	$1,000.00
12/25/07	Xmas gift to Dave	"	$1,000.00
12/25/07	Xmas gift to Dave	Dr. M Donald Thomas	$25,000.00

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

1/27/08
Date

Nancy Alif
Signature

File this form with the State Court Administrator.

Deliver or mail to:

State Court Administrator
Administrative Office of the Courts
201 S. Carson Street, Suite 250
Carson City, Nevada 89701-4702

Telephone: (775) 684-1700

Fax Cindy Sampson
(775) 684-1777