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SECRETARY OF STATE ELECTIONS DIVISION

JAN 11 2008
Administrative Office of the Courts

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JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING
DECEMBER 31, 20 07

GENERAL INFORMATION

COMMISSION ON ETHICS

- 1. Name JOHN M. IROZ
- 2. Title DISTRICT COURT JUDGE, 6TH JUDICIAL DISTRICT
- 3. Mailing address P.O. Box 1685 Winnemucca, Nevada 89446
- 4. Length of residence in Nevada NATIVE , CONTINUOUS RESIDENT FOR 14 YEARS
- 5. County in which you are registered to vote HUMBOLDT
- 6. Length of residence in the county in which you are registered to vote 12 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.

<i>Date</i>	<i>Nature and Place of Activity</i>	<i>Name of Payor</i>	<i>Amount</i>
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

<i>Source of Income</i>	<i>Recipient</i>
<u>STATE OF NEVADA - EMPLOYEE</u>	<u>JOHN M. IROZ</u>
<u>RESIDENTIAL RENTAL INCOME</u>	<u>JOHN M. IROZ and LIANNE M. IROZ</u>
<u>COMMERCIAL RENTAL INCOME</u>	<u>JOHN M. IROZ and LIANNE M. IROZ</u>
_____	_____

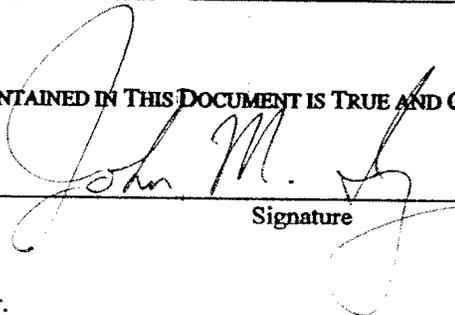
GIFTS, BEQUESTS, FAVORS, OR LOANS

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.

<i>Date</i>	<i>Name and Place of Gift</i>	<i>Name of Donor</i>	<i>Amount</i>
NONE	NONE	NONE	NONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

January 7, 2008
Date


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