FILED
JAN 28 2008
Administrative Office of the Courts
BY

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JAN 30 2008
THE ADMINISTRATIVE OFFICE OF THE COURTS
PERSONNEL DEPARTMENT

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

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COMMISSION ON ETHICS

GENERAL INFORMATION

1. Name Melissa A. Saragosa
2. Title Justice of the Peace
3. Mailing address 11393 Rancho Portena Ave.
   Las Vegas, NV 89138
4. Length of residence in Nevada 7 years, 10 months
5. County in which you are registered to vote Clark County
6. Length of residence in the county in which you are registered to vote 7 years, 10 months

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*
None			

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*
Judicial Salary	Melissa Saragosa
USAF Reserve Pay	Melissa Saragosa
Severence Pay from Clark Cty DA	Melissa Saragosa
Clark Cty DA Salary	Melissa Saragosa

JUDICIAL FINANCIAL DISCLOSURE FOR YEAR ENDING

DECEMBER 31, 2007

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INCOME NO. 8

SOURCE OF INCOME	RECIPIENT
Interest from Saving Accounts	Melissa Saragosa
Las Vegas Fire & Rescue Salary	Mark Saragosa
USAF Reserve Pay	Mark Saragosa
Interest from Saving Accounts	Mark Saragosa

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*
4274 Lind. Rd. Queen Creek, AZ 85242	unimproved vacant land	25% interest per property agmt w/ other family members

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*
USAA Federal Savings Bank - VISA	Mark Saragosa
Shirley M. Burke (for land in #9 above)	Mark and Melissa Saragosa

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*
None		

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*
None			

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

1/28/08
Date

Melin A. Saragn
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