FILED

JAN 28 2011

Administrative Office of the Courts
BY _____

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 20 10

GENERAL INFORMATION

1. **Name** JOHN M. IROZ
2. **Title** Senior Judge
3. **Mailing address** P.O. Box 1685 Winnemucca, Nevada 89446
4. **Length of residence in Nevada** CONTINUOUS RESIDENT FOR 19 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** 15 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*
NONE	NONE	NONE	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*
STATE OF NEVADA - Senior Judge	JOHN M. IROZ
RESIDENTIAL RENTAL INCOME	JOHN M. IROZ and LIANNE M. IROZ
COMMERCIAL RENTAL INCOME	JOHN M. IROZ and LIANNE M. IROZ
WINNERS HOTEL AND CASINO, INC	JOHN M. IROZ

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	NONE	NONE	NONE

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

January 24, 2011
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