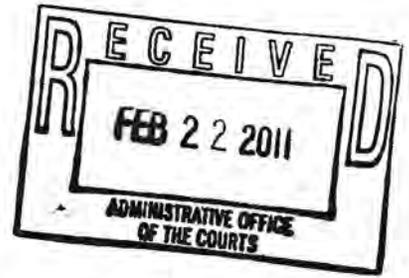


FILED

FEB 24 2011

Administrative Office of the Courts
BY _____



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING
DECEMBER 31, 2010

GENERAL INFORMATION

- Name Sally Lochner
- Title Sr Judge
- Mailing address 459 Singleton Trace
Diana, Tx 75640
- Length of residence in Nevada 12/76 - 8/2009 32yr + 9 months
- County in which you are registered to vote Harrison County, Tx
- Length of residence in the county in which you are registered to vote 12 months

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

- 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 Code of Judicial Conduct Rule 3.15 (A)(1). Attach additional sheets if necessary.

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

INCOME

- 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." Attach additional sheets if necessary.

Source of Income	Recipient
<u>State of NV AOC</u>	<u>Sally Lochner</u>
<u>New PERS - TRS</u>	<u>Sally Lochner</u>
<u>Social Security</u>	<u>Peter + Sally Lochner</u>
<u>Clark County Credit Union</u> <u>Eastman Credit Union</u> }	<u>Peter + Sally Lochner</u>
<u>Austin Bank</u>	<u>Sally Lochner + Craig Cannon</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. *See Code of Judicial Conduct Rule 3.15(A)(2).* Attach additional sheets if necessary.

Date	Name and Place of Gift	Name of Donor	Amount
September 2010	used rubber tired trail ride covered wagon in Niangua, Tx	Craig W Cannon (father)	\$ 3500
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

1/20/11
Date

Sally Loehner
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