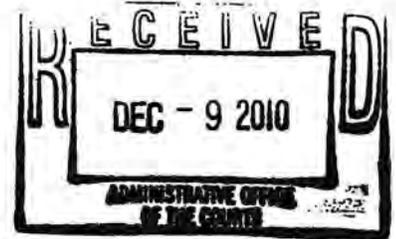


FILED

DEC 10 2010

Administrative Office of the Courts  
BY    



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING  
DECEMBER 31, 2010

GENERAL INFORMATION

- Name Peter J. Sferrazza
- Title Reso Justice of the Peace
- Mailing address PO Box 3083  
Reso, Nevada 89520-3083
- Length of residence in Nevada 34 years
- County in which you are registered to vote Washoe
- Length of residence in the county in which you are registered to vote 31 years

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>Millennium 3, LLC</u>	<u>self/spouse</u>
<u>St. George Health</u>	<u>self</u>
<u>EAC, clubs</u>	<u>self</u>
_____	_____

**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.

<i>Specific Location</i>	<i>Nature/Particular Use</i>	<i>Interest Holder</i>
57 Tahoe Racquet, Incline	Condo/Rental	Self
3 sections vacant land	near Pyramid lake	Self
1 section vacant land	near Nightingale/Churchill County	Self
40 Acres Vacant land	near South Fork, Elko County	Self
932 University Ridge Ct, Reno	Residence	Self/Spouse

**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.

<i>Name of Creditor</i>	<i>Name of Debtor</i>
Wells Fargo Mtge	Self + Spouse
Toyota Financial	Self

**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.

<i>Business Entity</i>	<i>Nature of Involvement</i>	<i>Person Involved</i>
Millennium 3, LLC	Manage/Member	Self/Spouse

**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
_____	<i>None</i>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

*12/6/0*  
\_\_\_\_\_  
Date

*[Handwritten Signature]*  
\_\_\_\_\_  
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**