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SUPREME COURT OF NEVADA FIAT JUSTITIA

MAR 2008

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 2008

RECEIVED APR 03 2009 COMMISSION ON ETHICS

GENERAL INFORMATION

1. Name Michael P Gibbons
2. Title District Judge
3. Mailing address PO Box 1612 Minden, NV 89423
4. Length of residence in Nevada 28 1/2 years
5. County in which you are registered to vote Douglas
6. Length of residence in the county in which you are registered to vote 28 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*
~~2008~~	~~None~~		
2008	Soccer Referee - Northern NV	Michael Gibbons	$350.00

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 - Salary	Michael Gibbons
MXI Corp. - sales	Barbara Gibbons
Health Pro Nutrients - sales	Barbara Gibbons
Mary Kay - sales	Barbara Gibbons
Great Basin Youth Soccer League	Michael Gibbons

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*
172 Chukar Gardnerville, NV 89410	Personal residence for daughter Bridget Black	Michael + Barbara Gibbons and Bridget Black

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*
Discover Card	Michael + Barbara Gibbons
Chase Card	Michael + Barbara Gibbons
Douglas County Tax Judge	Michael + Barbara Gibbons and Bridget Black

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*
Camp Mary White LLC	Owners + Managing partners	Michael + Barbara Gibbons
MXI Corp	Consultant (sales)	Barbara Gibbons
Health Products Network	Consultant (sales)	Barbara Gibbons
Mary Kay Cosmetics	Consultant (sales)	Barbara Gibbons

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.

3-16-09
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