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JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 2008

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COMMISSION ON ETHICS

GENERAL INFORMATION

1. Name: Jennifer P. Togliatti.
2. Title: District Court Judge.
3. Mailing address: 200 Lewis Avenue, Las Vegas, NV 89155.
4. Length of residence in Nevada: 29 years.
5. County in which you are registered to vote: Clark.
6. Length of residence in the county in which you are resisted to vote: 29 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 41(2)(9a)(ii). Attach additional sheets if necessary.

Date	Nature and Place of Activity	Name of Payor	Amount
N/A	N/A	N/A	N/A

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, customer, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." *See* Canon 41(2)(a)(iii). Attach additional sheets if necessary.

Source of Income	Recipient
Clark County District Court (Salary)	Self
Endoscopy Institute of NV (Professional Services)	Spouse
Ambulatory Surgical Center of SN (Professional Services)	Spouse
TAP Pharmaceutical (professional Services)	Spouse
Southern Hills Hospital	Spouse
Aventive Co.	Spouse
Pakada Co.	Spouse

JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 2008
JENNIFER P. TOGLIATTI
DISTRICT JUDGE, EIGHTH JUDICIAL DISTRICT COURT

8 – INCOME, Continues

Source of Income	*Recipient*
Gastroenterology & Associates (Professional Services)	Spouse
Mutual Funds/Investments	Spouse & Self
Endoscopic Leasing Inc. (Professional Services)	Spouse
Health Strategies Group (Professional Services)	Spouse

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 located in Nevada or any adjacent state. *See* Canon 41(2)(1)(iv). Specific addresses are required – list the street address of legal description. You must designate whether the property is unimproved vacant and, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

Specific Location	Nature/Particular Use	Interest Holder
162-13-415-010	Vacant	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 property which is not required to be listed under questions 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 41(2)(a)(v). Attach additional sheets if necessary.

Name of Creditor	Name of Debtor
N/A	N/A

BUSINESS ENTITIES

11. List each business entity in which you or a member of you household is involved as a trustee, beneficiary or a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of nay class of stock or security representing one percent or more f the total outstanding stock or securities issued by the business entity. *See* Canon 4(2)(a)(vi). Attach additional sheets if necessary.

Business Entity	Nature of Involvement	Person Involved
Endoscopic Institute of NV	General Partner	Spouse
Gastroenterology & Assoc.	General Partner	Spouse
Phase One Property LLC	General Partner	Spouse
Endoscopic Leasing Inc.	General Partner	Spouse
Ambulatory Surgical of SN	General Partner	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 you family residing in you household if its value exceeded $200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See* specifically Canon 4D(5)(h) and 41(2)(a)(vii). Attach additional sheets if necessary.

Date	Name and Place of Gift	Name of Donor	Amount
	N/A	N/A	N/A

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

March 25, 2009
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, NV 89701-4702

Telephone: (775) 684-1700