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MAR 30 2010

Administrative Office of the Courts
BY _____



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JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING
DECEMBER 31, 2009

RECEIVED

APR 07 2010

GENERAL INFORMATION

COMMISSION ON ETHICS

- 1. Name Cynthia Dianne Steel
- 2. Title District Judge
- 3. Mailing address 601 N. Pecos Rd
Las Vegas, NV 89101
- 4. Length of residence in Nevada 36
- 5. County in which you are registered to vote Clark
- 6. Length of residence in the county in which you are registered to vote 36

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 |
|-------------|------------------------------|---------------|--------|
| <u>None</u> | | | |
| | | | |
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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 |
|---------------------|---------------|
| <u>State of NV</u> | <u>Self</u> |
| <u>Clark County</u> | <u>Spouse</u> |
| | |
| | |

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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.

| <i>Date</i> | <i>Name and Place of Gift</i> | <i>Name of Donor</i> | <i>Amount</i> |
|-------------|-------------------------------|----------------------|---------------|
| <i>None</i> | | | |
| | | | |
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I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

3-29-10
Date

Dianna Steel
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