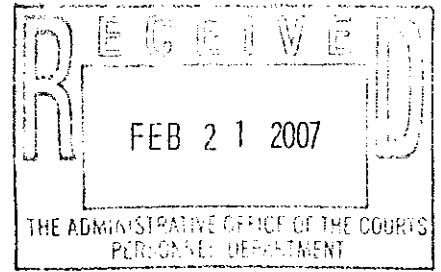


FILED

FEB 28 2007

Administrative Office
of the Courts

BY



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING
DECEMBER 31, 20 06

GENERAL INFORMATION

- 1. Name SEAN HOEFFGEN
- 2. Title MUNICIPAL JUDGE
- 3. Mailing address 2332 LAS VEGAS BLVD W. #100
NORTH LAS VEGAS, NEVADA 89030
- 4. Length of residence in Nevada 9 YEARS
- 5. County in which you are registered to vote CLARK
- 6. Length of residence in the county in which you are registered to vote 9 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.

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

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.

<i>Source of Income</i>	<i>Recipient</i>
<u>CITY OF NORTH LAS VEGAS</u>	<u>SELF</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, 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	NONE	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

2/15/07
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