



**JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR
ENDING
DECEMBER 31, 2025**

FILED

01/09/2026

The Administrative Office of the
Courts

GENERAL INFORMATION

First Name*

Camille

Last Name*

Vecchiarelli

Title*

Justice of the Peace

Length of residence in Nevada*

55

County in which you are registered to vote*

Lyon

Court Name*

Dayton Township Justice Court

District*

Third Judicial District

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

Judges, and not their spouses or domestic partners, must disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount or value of the compensation so received. See Code of Judicial Conduct Rule 3.5 (A)(1). NRS 281A.070 defines compensation to mean, "any money, thing of value or economic benefit conferred on or received by any person in return for services rendered, personally or by another."

Date	Nature and Place of Activity	Name of Payor	Amount
05/23/2025	Wedding	Rojas-Vazquez/Salgado	\$70.00
09/19/2025	Wedding	Rhodes/Ramos	\$70.00
09/19/2025	Wedding	Bondoc/Doggett	\$70.00
10/06/2025	Wedding	Jones/Whooley	\$70.00
12/19/2025	Wedding	Hanks/Gunter	\$70.00
12/23/2025	Wedding	Nelson/Moore	\$70.00

GIFTS, BEQUESTS, FAVORS, OR LOANS

Judges, and not their spouses or domestic partners, must disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you if its value exceeded \$200. See Code of Judicial Conduct Rule 3.15(A)(2). In completing this section, please review all provisions of Code of Judicial Conduct Rule 3.13.



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Date	Name and Place of Gift	Name of Donor	Amount
12/31/2025	N/A		

REIMBURSEMENTS OR WAIVERS OF FEES

Disclose the date, reimbursement of expenses or waiver of fees or charges on your behalf or on behalf of your spouse, domestic partner, or guest if its value exceeded \$200. See Code of Judicial Conduct Rule 3.15(A)(3). In completing this section, please review all provisions of Code of Judicial Conduct Rule 3.14.

Date	Fees or Charges Waived or Expenses Reimbursed	Source or Reimbursement or Waiver	Amount
12/31/2025	N/A		

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

Date*

01/09/2026

Signature*

A handwritten signature in black ink, reading "Camille Vecchione", is written within a large rectangular box.