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AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
COVER PAGE COMMISSION

FILED
Date Received
Court of Appeal First Appellate District
Official Use Only
FEB 27 2013
(MIDDLE)
Diana Herbert, Clerk
by E

Please type or print in ink.

NAME OF FILER (LAST) BRUINIERS (FIRST) TERENCE
2013 MAR 1 AM 10:37

1. Office, Agency, or Court

Agency Name
COURT OF APPEAL
Division, Board, Department, District, if applicable
FIRST DISTRICT, DIVISION FIVE
Your Position
ASSOCIATE JUSTICE

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

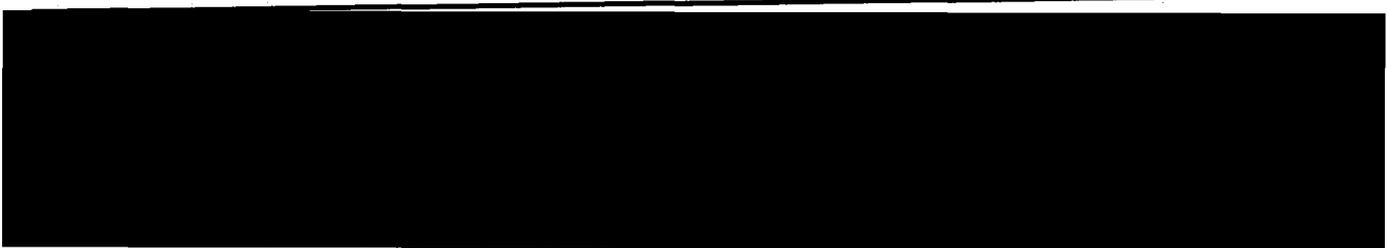
State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: 2**
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I a
I certify under penalty of perjury under the laws of the State

Date Signed 02/27/2012
(month, day, year)

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Terence L. Bruiniers

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Monterey College of the Law

ADDRESS (Business Address Acceptable)
100 Col. Durham St.

CITY AND STATE
Seaside, CA 93955

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Non-profit law school

DATE(S): 11 / 16 / 12 - 11 / 17 / 12 AMT: \$ 374.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Heisler Moot Court - local accomodations provided

▶ NAME OF SOURCE (Not an Acronym)
National Foundation For Judicial Excellence

ADDRESS (Business Address Acceptable)
55 West Monroe St., Suite 2000

CITY AND STATE
Chicago, IL 60603

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Non-profit Educational Foundation

DATE(S): 07 / 13 / 12 - 07 / 15 / 12 AMT: \$ 1,231.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
**Judicial Symposium-"Class Actions" - Air \$500 Reimb;
 2nt hotel \$506; meals provided \$225.**

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____