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COURT OF APPEAL FOURTH DISTRICT

NAME OF FILER (LAST) 2013 FEB 21 APR 17 (MIDDLE)
HOLLENHORST THOMAS E.

1. Office, Agency, or Court

Agency Name
COURT OF APPEAL
Division, Board, Department, District, if applicable
FOURTH DISTRICT, DIVISION TWO
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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County 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.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. [Redacted]

I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false or misleading information.

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Date Signed 2/14/13
(month, day, year)

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

Name
 HOLLENHORST, THOMAS E.

- 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)
Appellate Judges Education Institute
 ADDRESS (Business Address Acceptable)
SMU Dedman School of Law, PO Box 750112
 CITY AND STATE
Dallas, TX 75275-0112
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Appellate education
 DATE(S): 01 / 09 / 12 - 01 / 10 / 12 AMT: \$ 785.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Planning meeting for 2012 appellate summit

▶ NAME OF SOURCE (Not an Acronym)
Contin. Legal Education Society of British Columbia
 ADDRESS (Business Address Acceptable)
#500-1155 West Pender Street
 CITY AND STATE
Vancouver, B.C. V6E 2P4
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Continuing education for B.C. Bar
 DATE(S): 05 / 01 / 12 - 05 / 02 / 12 AMT: \$ 750.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Reimbursement for participation on education panel,
Science 101 for Lawyers

▶ NAME OF SOURCE (Not an Acronym)
George Mason Law & Economics Center
 ADDRESS (Business Address Acceptable)
3301 Fairfax Drive
 CITY AND STATE
Arlington, VA 22201
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Legal education
 DATE(S): 04 / 22 / 12 - 04 / 24 / 12 AMT: \$ 1,125.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Scholarship for judicial education, science and law

▶ NAME OF SOURCE (Not an Acronym)
National Foundation for Judicial Excellence
 ADDRESS (Business Address Acceptable)
55 West Monroe Street
 CITY AND STATE
Chicago, IL 60603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Judicial education
 DATE(S): 07 / 13 / 12 - 07 / 14 / 12 AMT: \$ 1,125.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Scholarship for attendance at education course on
class actions, Chicago IL

Comments: _____

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

Name
 HOLLENHORST, THOMAS E.

- 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)
Pound Civil Justice Institute
 ADDRESS (Business Address Acceptable)
777 Sixth Street, N.W., Suite 200
 CITY AND STATE
Washington, DC 20001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Civil justice education
 DATE(S): 07 / 27 / 12 - 07 / 28 / 12 AMT: \$ 1,150.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Scholarship to attend seminar on funding of courts
Chicago IL

▶ NAME OF SOURCE (Not an Acronym)
Appellate Judges Education Institute
 ADDRESS (Business Address Acceptable)
SMU Dedman School of Law, PO Box 750112
 CITY AND STATE
Dallas, TX 75275-0112
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Judicial education
 DATE(S): 11 / 15 / 12 - 11 / 17 / 12 AMT: \$ 1,425.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Planning Committee, Ethics Panel / presentation for
Appellate Program

▶ 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: _____