

FEB 27 2013

WKS

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

GZ

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

Deputy Clerk

NAME OF FILER (LAST) (FIRST) (MIDDLE) MOORE EILEEN C.

1. Office, Agency, or Court

Agency Name COURT OF APPEAL
Division, Board, Department, District, if applicable DISTRICT FOUR, DIVISION THREE
Your Position ASSOCIATE JUSTICE
Agency: Position:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 2013 MAR - 1 AM 9 25

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.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge...

I certify under penalty of perjury under the laws of the State of California...

Date Signed February 26, 2013 (month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Eileen C. Moore

▶ NAME OF BUSINESS ENTITY
Abbott Laboratories

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 11/12/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
06/18/12 ____/____/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 10/11/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Electricity & Appliances

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 10/11/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 02/08/12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/12 10/11/12
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Eileen C. Moore

▶ NAME OF BUSINESS ENTITY
Eaton Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
05 / 07 / 12 _____ / _____ / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 02 / 12 _____ / _____ / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
03 / 28 / 12 _____ / _____ / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 02 / 12 _____ / _____ / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Eaton Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Aerospace

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
06 / 18 / 12 _____ / _____ / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____ / _____ / 12 _____ / _____ / 12
ACQUIRED DISPOSED

Comments: _____

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

- 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)
University of Mississippi
 ADDRESS (Business Address Acceptable)
P.O. Box 8750
 CITY AND STATE
Oxford, Mississippi 38677
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education
 DATE(S): 04 / 30 / 12 . ____ / ____ / ____ AMT: \$ 500.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Reimbursement for Travel

▶ NAME OF SOURCE (Not an Acronym)
David & Elaine Glickman
 ADDRESS (Business Address Acceptable)
6507 Ocean Front Walk
 CITY AND STATE
Playa del Rey, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Friends
 DATE(S): 10 / 20 / 12 . ____ / ____ / ____ AMT: \$ 50.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Dinner

▶ NAME OF SOURCE (Not an Acronym)
Aitken, Aitken & Cohen
 ADDRESS (Business Address Acceptable)
3 MacArthur Place, Suite 800
 CITY AND STATE
Santa Ana, CA 92707
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Law Firm
 DATE(S): 03 / 12 / 12 . ____ / ____ / ____ AMT: \$ 50.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Annual St. Patrick's Day party

▶ NAME OF SOURCE (Not an Acronym)
University of California Irvine
 ADDRESS (Business Address Acceptable)
510 Aldrich Hall
 CITY AND STATE
Irvine, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Education
 DATE(S): 05 / 04 / 12 . ____ / ____ / ____ AMT: \$ 75.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Inaugural Dinner

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Eileen C. Moore
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- 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)
 Wylie & Betty Aitken

ADDRESS (Business Address Acceptable)
 180 Cobblestone Lane

CITY AND STATE
 Anaheim Hills, CA

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

DATE(S): 12 / 05 / 12 - / / AMT: \$ 75.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Charity event, donated clothes; meal served

▶ 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)
 The Rutter Group

ADDRESS (Business Address Acceptable)
 15760 Ventura Blvd, Suite 630

CITY AND STATE
 Encino, CA 91436

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

DATE(S): 11 / 27 / 12 - 11 / 29 / 12 AMT: \$ 259.96
 (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: _____