



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Robie (FIRST) Ronald (MIDDLE) 2013 FEB 28 PM 3:42 Boyd

1. Office, Agency, or Court

FILED

FEB 28 2013

COURT OF APPEAL - THIRD DISTRICT
DEENA C. FAWCETT
BY *Deena C. Fawcett* Deputy

Agency Name
Court of Appeal
Division, Board, Department, District, if applicable
3rd District
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.
- Leaving Office: Date Left ____/____/____ (Check one)
- or-
- The period covered is ____/____/____, through December 31, 2012.
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- The period covered is ____/____/____, through the date of leaving office.
- 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

5. [Redacted]

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/28/13
(month, day, year)

(File the originally signed statement with your filing official.)

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)
State Bar of California- A Judicial Branch Corporation
 ADDRESS (Business Address Acceptable)
180 Howard Street
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Bar
 DATE(S): 05 / 16 / 12 - 05 / 19 / 12 AMT: \$ 1,500.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Equal Justice Institute, FL Travel reimbursement to attend as Chair of CA Access to Justice Commission

▶ NAME OF SOURCE (Not an Acronym)
State Bar of California- A Judicial Branch Corporation
 ADDRESS (Business Address Acceptable)
180 Howard Street
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Bar
 DATE(S): 10 / 11 / 12 - 10 / 13 / 12 AMT: \$ 450.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel reimbursement to attend State Bar Annual Mtg. as Chair of CA Access to Justice Commission

▶ NAME OF SOURCE (Not an Acronym)
National Judicial College
 ADDRESS (Business Address Acceptable)
Judicial College Building MS358
 CITY AND STATE
Reno, NV
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Judicial College
 DATE(S): 10 / 17 / 12 - 10 / 20 / 12 AMT: \$ 150.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Reimbursement for attending Dividing the Waters at UC Davis as Board Member and giving speech

Filer's Verification
 Print Name Ronald Boyd Robie
 Office, Agency or Court Court of Appeal, 3rd District
 Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate
 (yr)
 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed 2/28/13
 Filer's Signature 

Comments: The Chief Justice appointed me to the CA Access to Justice Commission

AN

GZ

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
COVER PAGE
POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Robie Ronald Boyd
2013 FEB -4 AM 10:35

1. Office, Agency, or Court

Agency Name: Court of Appeal
Your Position: Associate Justice
Division, Board, Department, District, if applicable: Third District

FILED

FEB 1 2013

COURT OF APPEAL - THIRD DISTRICT
DEENA C. FAWCETT
BY Deputy

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

Agency: Position:

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

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

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

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

4. Schedule Summary

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



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 02/01/2013 (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

Ronald Boyd Robie

▶ NAME OF BUSINESS ENTITY
Met life

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance

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

▶ NAME OF BUSINESS ENTITY
Manulife Financial

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance

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

▶ 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

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000 Over \$1,000,000

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(Describe)

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ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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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 D
Income - Gifts

Name

Ronald Boyd Robie

▶ NAME OF SOURCE *(Not an Acronym)*
 American Board of Trial Advocates (ABOTA)

ADDRESS *(Business Address Acceptable)*
 % Walter Loving, 2114 K St., Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Association of Trial Lawyers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 12	\$ 150	Dinner, Including Wife
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____