

FEB 28 2013  
Date Recd  
Office, U.S. Court

PAT S. SWEETEN, Exec. Off. Clerk  
By *[Signature]*

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A. PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES  
COVER PAGE

2013 MAR 15 11:04 AM  
"M.A.R.M.I.E.N.D.E.D."

Please type or print in ink.

NAME OF FILER (LAST) Brick (FIRST) Steven (MIDDLE) A

1. Office, Agency, or Court

Agency Name

Superior Court

Division, Board, Department, District, if applicable

Alameda County

Your Position

Judge

▶ 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)

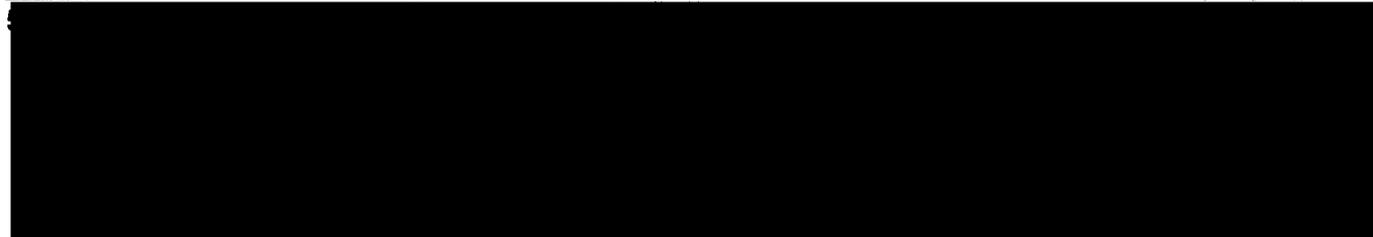
- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2012.
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_, 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: 6

- 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/28/2013  
(month, day, year)



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

Name  
Steven Brick

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Orrick Partners Pension Plan

ADDRESS (Business Address Acceptable)  
2121 Main St. Wheeling W VA 26003-  
2809

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

YOUR BUSINESS POSITION  
Retired Partner

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Orrick Harrington Defined Benefit Plan

ADDRESS (Business Address Acceptable)  
← [Same]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
N/A

YOUR BUSINESS POSITION  
Retired Partner

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income - Gifts**

Name  
Steven Brick

▶ NAME OF SOURCE (Not an Acronym)  
Assn. of Business Trial Lawyers - Nor Cal

ADDRESS (Business Address Acceptable)  
P.O. Box 696 Pleasanton CA 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Prof Assn - Con't Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 24 / 12</u>	<u>\$ 55.00</u>	<u>Dinner Meeting Program</u>
<u>5 / 8 / 12</u>	<u>\$ 55.00</u>	<u>Dinner Meeting Program</u>
<u>9 / 18 / 12</u>	<u>\$ 575.00</u>	<u>Annual Seminar req fee waived</u>

▶ 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)  
Legal Aid Society - Employment Law Center

ADDRESS (Business Address Acceptable)  
180 Montgomery St. San Francisco CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services For the Poor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 12 / 12</u>	<u>\$ 75</u>	<u>Annual Luncheon</u>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

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

Name  
Steven Brick

- 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)  
Assn. of Business Trial Lawyers - Nor Cal

ADDRESS (Business Address Acceptable)  
P.O. Box 696 Pleasanton CA 94566

CITY AND STATE  
Pleasanton, CA 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Prof Assn - Cont Education

DATE(S): 4/20/12 4/22/12 AMT: \$ 800 (est)  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Participated in Joint Board meeting of all chapters

▶ NAME OF SOURCE (Not an Acronym)  
Assn. of Business Trial Lawyers - Nor Cal

ADDRESS (Business Address Acceptable)  
P.O. Box 696

CITY AND STATE  
Pleasanton CA 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Prof Assn - Cont Education

DATE(S): 9/18/12 9/23/12 AMT: \$ 1,394.30  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
Participated on 2 panels and a joint board meeting of all chapters

▶ 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: \_\_\_\_\_

AN



GZ

RECEIVED STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COMMISSION COVER PAGE 2013 FEB 25 AM 11:30

FILED ALAMEDA COUNTY Date Received FEB 22 2013 Official Use Only

PAT S. SWEETEN, Exec. Off. Clerk By [Signature] (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BRICK STEVEN A.

1. Office, Agency, or Court

Agency Name: Superior Court
Division, Board, Department, District, if applicable: Alameda County
Your Position: Judge

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

Agency: Position:

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

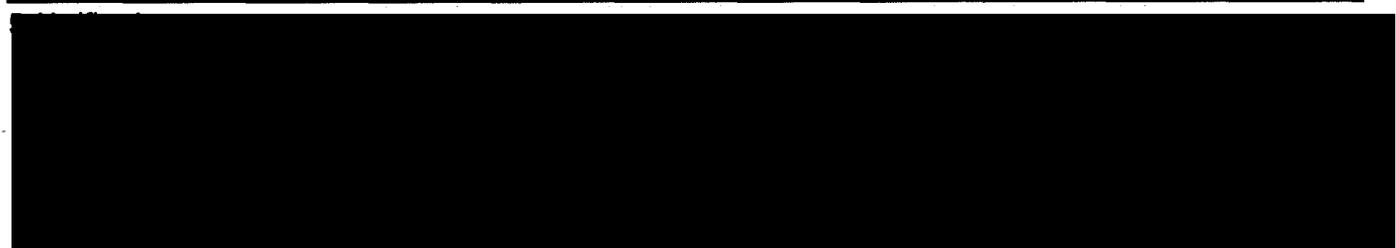
- State (checked)
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction) (checked)
County of
Other

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 (checked)
The period covered is January 1, 2012, 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: 5
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached (checked)
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached (checked)
Schedule D - Income - Gifts - schedule attached (checked)
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete.

Date Signed 02/22/2013 (month, day, year)







**SCHEDULE D**  
**Income - Gifts**

Name  
Steven Brick

▶ NAME OF SOURCE (Not an Acronym)  
Assn. of Business Trial Lawyers - Nor Cal  
 ADDRESS (Business Address Acceptable)  
P.O. Box 696, Pleasanton CA 94566  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ProF Assn - Cont education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 24, 12</u>	<u>\$ 55</u>	<u>Dinner Meeting + Program</u>
<u>5, 8, 12</u>	<u>\$ 55</u>	<u>" "</u>
____/____/____	\$ _____	_____

▶ 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)  
Legal Aid Society - Employment Law Grp  
 ADDRESS (Business Address Acceptable)  
180 Montgomery St San Francisco 94111  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services for the poor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 12, 12</u>	<u>\$ 75</u>	<u>Annual luncheon</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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: \_\_\_\_\_