



Please type or print in ink.

2013 MAR -4 PM 4:02

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeVore, David L.

1. Office, Agency, or Court

Agency Name: Superior Court of California, County of Alpine
Your Position: Superior Court Judge
Division, Board, Department, District, if applicable: _____

FILED
SUPERIOR COURT
COUNTY OF ALPINE

MAR 1 2013

BY ANN GRETH
COURT CLERK

► 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: _____

- 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 acknowledge

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

Date Signed 3/1/13
(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 David L. DeVore
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▶ NAME OF BUSINESS ENTITY
Western Highland Mortgage Fund 1, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Realestate lending

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 Fractional interest in fund
(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

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
Feldman Mclaughlin Theil, LLP 401(k) Plan

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 Family trust owned
(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

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

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

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: _____

FPPC FORM 700 Attachment to Schedule A-1

David Lynn DeVore

Filer is a participant in the Feldman Shaw, LLP 401(k) Plan. The Plan owns assets as follows:

1. Loans Receivable (secured to real estate by deed of trust)
 - a. Mohammed R. Shahid
7717 Lenhart Rd., Sacramento, CA
Value: \$10,001-\$100,000
2. Loans Receivable (secured to Plan)
 - a. Nancy Schafer
P.O. Box 550463, S. Lake Tahoe, CA
Value: \$10,000-\$100,000
 - b. Michael McLaughlin
2462 Fair Meadow Ct., S. Lake Tahoe, CA
Value: \$10,000-100,000
3. Real Property
 - a. Unimproved Lot and development interests
3788 Osgood Drive, S. Lake Tahoe, CA
Other: Plan owns 41% interest, balance owned by Randy Lane, P.O. Box 456,
Zephyr Cove, NV
4. Real Estate Investment Pool/Fractional Interest Accounts
 - a. Flowers Fund-Western Highland Mortgage
3170 Hwy 50, S. Lake Tahoe, CA
Value: \$100,000-\$1,000,000
Other: Plan owns 25% of Fund
 - b. Western Highland Mortgage Fund 1, LLC
3170 Hwy 50, S. Lake Tahoe, CA
Value: \$100,000-\$1,000,000
Other: Plan owns less than 10% of Fund

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
David L. DeVore

▶ 1. BUSINESS ENTITY OR TRUST

Name
2311 LTB Commercial Properties, LLC
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Own office building, rent offices

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Principal

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
2311 Lake Tahoe Blvd, S. Lake Tahoe, CA

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other Limited Liability Co.

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

DeVore Family Revocable Trust
Name
20601 SR 88, Markleeville, CA 96120
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: Interest owned by DeVore Family Revocable Trust

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

Name
 David L. DeVore

- 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)
 California Judges Association

ADDRESS (Business Address Acceptable)
 2520 Venture Oaks Way, Suite 150

CITY AND STATE
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Association of judges and commissioners

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Travel and meals for board meetings - amount approximate but does not exceed that stated

▶ NAME OF SOURCE (Not an Acronym)
 Administrative Office of the Courts

ADDRESS (Business Address Acceptable)
 455 Golden Gate Ave.

CITY AND STATE
 San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Administrative office for California judicial branch

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Travel and meals for meetings - amount stated approximate but does not exceed that stated

▶ 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: _____