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AN

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
2013 MAR - 7 PM 1:31

2013 MAR - 1 AM 11:57

EXEC. OFFICER / CLERK  
LA. SUPERIOR COURT  
Smalley

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Edmon Lee

1. Office, Agency, or Court

Agency Name  
Superior Court of California County of Los Angeles  
Division, Board, Department, District, if applicable  
Your Position  
Judge

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

Agency: LA Law Library Position: Board of Trustees

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)

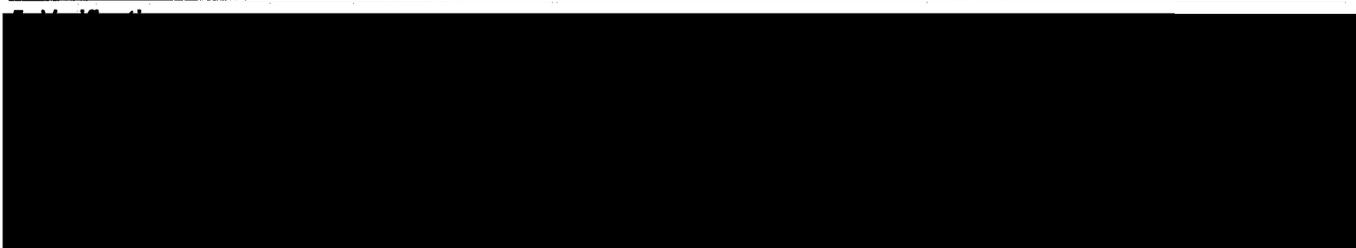
- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or- The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed 01 / 01 / 2013
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.
- 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



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

Date Signed 03/01/2013  
(month, day, year)

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>Lee Smalley Edmon</b>
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**The Burdge Law Firm PC**

ADDRESS (Business Address Acceptable)  
**500 S. Grand Ave., Ste. 1500, Los Angeles, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

YOUR BUSINESS POSITION  
**Partnership (spouse)**

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)

NAME OF SOURCE OF INCOME  
**The Rutter Group**

ADDRESS (Business Address Acceptable)  
**15700 Ventura Blvd., Suite 830, Encino, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Publishing/Legal Education**

YOUR BUSINESS POSITION  
\_\_\_\_\_

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 **Teaching and editing publications**  
(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  
**Lee Smalley Edmon**

▶ NAME OF SOURCE (Not an Acronym)  
**Vorys, Sater, Seymour & Pease LLP**

ADDRESS (Business Address Acceptable)  
**23 Sands Avenue, Annapolis, MD**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	\$ 200.00	group dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**American General Life Insurance Company**

ADDRESS (Business Address Acceptable)  
**2727 Allen Parkway, Houston, TX 77019-2115**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Insurance Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 16 / 12	\$ 355.00	group dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**New York Life Insurance Company**

ADDRESS (Business Address Acceptable)  
**420 Lexington Ave.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**New York, NY 10170**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 22 / 12	\$ 240.00	group dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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  
 Lee Smalley Edmon

- 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)  
 Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)  
 8602 E. Chapman Ave. Suite 43

CITY AND STATE  
 Orange, CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Bar Association

DATE(S): 09 / 18 / 12 - 09 / 23 / 12 AMT: \$ 532.00  
 (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)  
 Consumer Attorneys Association of Los Angeles

ADDRESS (Business Address Acceptable)  
 800 W. Sixth Street, Suite 700

CITY AND STATE  
 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Bar Association

DATE(S): 09 / 13 / 12 - 09 / 16 / 12 AMT: \$ 217.00  
 (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)  
 15700 Ventura Blvd., Suite 830

CITY AND STATE  
 Encino, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Publishing/Legal Education

DATE(S): 11 / 26 / 12 - 11 / 26 / 12 AMT: \$ 838.00  
 (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)  
 American Bar Insurance Plans Consultants, Inc.

ADDRESS (Business Address Acceptable)  
 321 N. Clark Street, 14th Floor

CITY AND STATE  
 Chicago, IL 60654-7648

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

DATE(S): 02 / 04 / 12 - 02 / 05 / 12 AMT: \$ 904.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

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

Reimbursement for attendance at Board meeting

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

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

Name  
 Lee Smalley Edmon

- 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)  
 American Bar Insurance Plans Consultants, Inc.

ADDRESS (Business Address Acceptable)  
 321 N. Clark Street, 14th Floor

CITY AND STATE  
 Chicago, IL 60654-7648

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

DATE(S): 06 / 19 / 12 - 06 / 24 / 12 AMT: \$ 1,378.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

Reimbursement for attendance at Board meeting

▶ NAME OF SOURCE (Not an Acronym)  
 American Bar Insurance Plans Consultants, Inc.

ADDRESS (Business Address Acceptable)  
 321 N. Clark Street, 14th Floor

CITY AND STATE  
 Chicago, IL 60654-7648

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

DATE(S): 08 / 10 / 12 - 08 / 12 / 12 AMT: \$ 597.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

Reimbursement for attendance at Board meeting

▶ NAME OF SOURCE (Not an Acronym)  
 American Bar Insurance Plans Consultants, Inc.

ADDRESS (Business Address Acceptable)  
 321 N. Clark Street, 14th Floor

CITY AND STATE  
 Chicago, IL 60654-7648

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

DATE(S): 11 / 14 / 12 - 11 / 17 / 12 AMT: \$ 160.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

Reimbursement for attendance at Board meeting

▶ NAME OF SOURCE (Not an Acronym)  
 Consumer Attorneys of California

ADDRESS (Business Address Acceptable)  
 770 L Street, Suite 1200

CITY AND STATE  
 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Bar Association

DATE(S): 11 / 09 / 12 - 11 / 11 / 12 AMT: \$ 850.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

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

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

Name  
 Lee Smalley Edmon

- 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)  
 National Institute for Trial Advocacy

ADDRESS (Business Address Acceptable)  
 1685 38th Street, Suite 200

CITY AND STATE  
 Boulder CO 80301-2735

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Education/Lawyer Training

DATE(S): 11 / 02 / 12 - 11 / 03 / 12 AMT: \$ 387.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Reimbursement for attendance at Board meeting

▶ 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

▶ 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: \_\_\_\_\_