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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

RECEIVED BY  
Date Received  
LOS ANGELES COUNTY  
2013 MAR -1 PM 1:29

Please type or print in ink.

2013 MAR -8 AM 11:43

NAME OF FILER (LAST) Ellison (FIRST) Laura (MIDDLE)  
CALIFORNIA FINANCE DISCLOSURE SECTION

1. Office, Agency, or Court

Agency Name Superior Court Los Angeles  
Division, Board, Department, District if applicable Southwest Judicial District Torrance  
Your Position

► 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



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

Date Signed 2-21-13  
(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
*Laura Ellison*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
*821 N Park Ave.*

CITY  
*Covina, CA*

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12    \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
*Cirilo Dominguez*

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_

CITY  
\_\_\_\_\_

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12    \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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  
\_\_\_\_\_

INTEREST RATE                      TERM (Months/Years)  
 \_\_\_\_\_%     None    \_\_\_\_\_

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

Guarantor, if applicable

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

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

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

INTEREST RATE                      TERM (Months/Years)  
 \_\_\_\_\_%     None    \_\_\_\_\_

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

Guarantor, if applicable

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)  
George Mason University  
 ADDRESS (Business Address Acceptable)  
3301 Fairfax Dr  
 CITY AND STATE  
Arlington, VA 22201  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Educational Activity  
 DATE(S): 5, 6, 12, 5, 11, 12 AMT: \$ 1,996.00  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Lodging, Food + Beverage, Travel  
Training Program

▶ NAME OF SOURCE (Not an Acronym)  
National Judicial College  
 ADDRESS (Business Address Acceptable)  
Judicial College Bldg ms 358  
 CITY AND STATE  
Reno, NV 89657  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Educational Activity  
 DATE(S): 10, 24, 12, 10, 26, 12 AMT: \$ 1,500  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Lodging, Food + Beverage, Travel  
Financial Statements in Court

▶ NAME OF SOURCE (Not an Acronym)  
George Mason University  
 ADDRESS (Business Address Acceptable)  
3301 Fairfax Dr.  
 CITY AND STATE  
Arlington, VA 22201  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Educational Activity  
 DATE(S): 12, 1, 12, 12, 7, 12 AMT: \$ 3,856.00  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Lodging, Food + Beverage, Travel  
Training / Education

▶ 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: \_\_\_\_\_