



AN

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
AIR POLITICAL PRACTICES COMMISSION COVER PAGE

RECEIVED BY  
Date Received  
LOS ANGELES COUNTY  
Official Use Only

2013 MAR -1 PM 1:29

Please type or print in ink. 2013 MAR -8 AM 11:11

NAME OF FILER (LAST) FLURER, (FIRST) Michele (MIDDLE) CAMPAIGN FINANCE DISCLOSURE SECTION

1. Office, Agency, or Court

Agency Name  
Los Angeles Superior Court  
Division, Board, Department, District, if applicable South Division  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

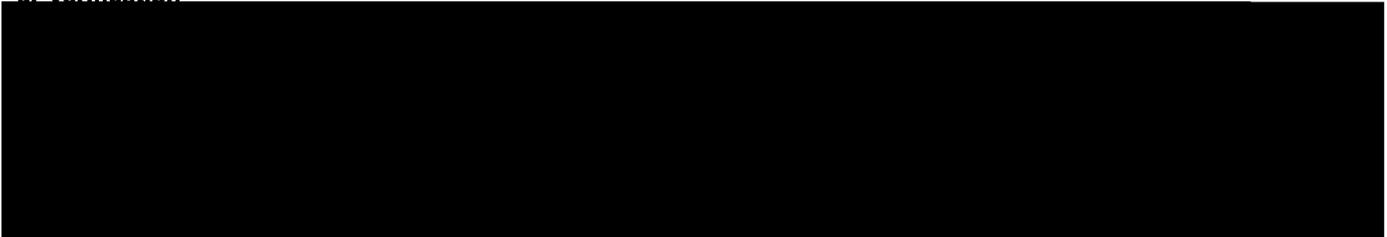
3. Type of Statement (Check at least one box)

- 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

5. Verification



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

Date Signed 02/21/2013  
(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.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Flurer, Michele</u>
---

▶ **NAME OF BUSINESS ENTITY**  
Sempra Energy

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Spouse held stock in 401k

**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

▶ **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: \_\_\_\_\_



**SCHEDULE D  
Income – Gifts**

Name  
**Flurer, Michele**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Mentis Technology**

ADDRESS *(Business Address Acceptable)*  
**8005 S. Chester St. Suite 400**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Centennial CO 80112**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 12	\$ 67	Bathrobe(Raffle)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

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

Name  
 Flurer, Michele

- 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)  
 2529 Ventura Oaks Way

CITY AND STATE  
 Sacramento CA 95833

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 417.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Board Meetings Travel Expenses

▶ 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: \_\_\_\_\_