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COVER PAGE
POLITICAL PRACTICES COMMISSION

2013 MAR 27 PM 1:33

Please type or print in ink.

NAME OF FILER (LAST) Kirihara (FIRST) John (MIDDLE) David

1. Office, Agency, or Court

Agency Name
Merced Superior Court
Division, Board, Department, District, if applicable
Your Position
Superior Court 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 Merced
- 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. V

[Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I ackno

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

Date Signed Feb 26 2013 (month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
John D. Kiriara

▶ NAME OF SOURCE *(Not an Acronym)*
Greg Hostetler

ADDRESS *(Business Address Acceptable)*
923 Pacheco Blvd., Los Banos , Ca.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 04 / 12	\$ 120	Sporting event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____