



**\*RECEIVED\***  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**

**MAR 01 2013**

Please type or print in ink.

NAME OF FILER (LAST) **2013 MAR -4 PM 1:35** (FIRST)  
**Kolakowski** **Victoria** **PAT S. SWEETEN** Exec. Off. Clerk  
By **S** *[Signature]*

**1. Office, Agency, or Court**

Agency Name  
**Superior Court of California**  
Division, Board, Department, District, if applicable  
**Alameda County** 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)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: **4**

- 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
- None - No reportable interests on any schedule**

5. V [Redacted]

I have used all reasonable diligence in preparing this statement. I have read the statement and the schedules attached herein and in any attached schedules is true and complete. I acknowledge and understand the contents of this statement and the schedules attached.

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

Date Signed 2/28/13  
(month, day, year)

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

# 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

Victoria S. Kolakowski

▶ NAME OF BUSINESS ENTITY  
Facebook Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Online Social Media

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:  
05 / 18 / 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  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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FAIR MARKET VALUE  
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 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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\_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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\_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
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IF APPLICABLE, LIST DATE:  
\_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
ACQUIRED                                  DISPOSED

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



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

Name  
 Victoria S. Kolakowski

- 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)  
 University of La Verne College of Law

ADDRESS (Business Address Acceptable)  
 320 East D Street

CITY AND STATE  
 Ontario, CA 91764

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

DATE(S): 03/02/12 - 03/03/12 AMT: \$ 410.00  
 (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)

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: \_\_\_\_\_