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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
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LOS ANGELES COUNTY

Please type or print in ink.

NAME OF FILER: Kuhl, Carolyn (FIRST) Barbara
2013 MAR -8 AM 11:46 (MIDDLE) 1:34

1. Office, Agency, or Court

Agency Name: Superior Court of the State of California for the County of Los Angeles
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 _____
- 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)
- Multi-County _____ County of _____
- City of _____ Other _____
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." 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
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Date Signed 01/22/2013 *[Signature]* Feb. 29, 2013
(month, day, year)

3)
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SCHEDULE D
Income - Gifts

Name
 Carolyn B. Kuhl

▶ NAME OF SOURCE (Not an Acronym)
 Rand Institute for Civil Justice

ADDRESS (Business Address Acceptable)
 P.O. Box 2138, Santa Monica, CA 90407

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal Research & Reform-Serve on Bd. of Overseers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 16 / 12	\$ 50	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 L.A. County Bar Association

ADDRESS (Business Address Acceptable)
 1055 W. 7th Street, #2700, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bar Assoc.-Serve on Litigation Section Exec. Comm.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 12	\$ 15	Lunch
02 / 08 / 12	\$ 15	Lunch
03 / 14 / 12	\$ 15	Lunch

▶ NAME OF SOURCE (Not an Acronym)
 (Cont'd) L.A. County Bar Association

ADDRESS (Business Address Acceptable)
 1055 W. 7th Street, #2700, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bar Assoc.-Serve on Litigation Section Exec. Comm.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 11 / 12	\$ 15	Lunch
05 / 09 / 12	\$ 15	Lunch
06 / 13 / 12	\$ 15	Lunch

▶ NAME OF SOURCE (Not an Acronym)
 (Cont'd) L.A. County Bar Association

ADDRESS (Business Address Acceptable)
 1055 W. 7th Street, #2700, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bar Assoc.-Serve on Litigation Section Exec. Comm.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 12	\$ 15	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Claremont McKenna College

ADDRESS (Business Address Acceptable)
 500 East 9th Street, Claremont, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Liberal Arts College-Serve on Board of Directors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 12	\$ 20	Lunch
03 / 09 / 12	\$ 95	Meals at Board Mtg.
03 / 25 / 12	\$ 40	Dinner

▶ NAME OF SOURCE (Not an Acronym)
 (Cont'd) Claremont McKenna College

ADDRESS (Business Address Acceptable)
 500 East 9th Street, Claremont, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Liberal Arts College-Serve on Board of Directors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 12	\$ 55	Meals at Board Mtg.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
Carolyn B. Kuhl

▶ NAME OF SOURCE (Not an Acronym)
Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)
8502 E. Chapman Avenue, Orange, CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 12	\$ 45	Dinner
06 / 26 / 12	\$ 25	Judicial Reception
11 / 28 / 12	\$ 45	Dinner

▶ NAME OF SOURCE (Not an Acronym)
Dan and Elizabeth Keatinge

ADDRESS (Business Address Acceptable)
17181 Avenida de la Herradura, Pacific Palisades, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
M.D.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 12 / 12	\$ 50	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Consumer Attorneys Association of Los Angeles

ADDRESS (Business Address Acceptable)
800 West 6th St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 12	\$ 100	Installation Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
The Rutter Group / West Publishing

ADDRESS (Business Address Acceptable)
15670 Ventura Blvd., Encino, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Publisher and Sponsor of Legal Education Program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 12	\$ 170	Dinner and lodging
/ /	\$	accompanied by judge
/ /	\$	/husband (speaker)

▶ NAME OF SOURCE (Not an Acronym)
Association of Southern California Defense Counsel

ADDRESS (Business Address Acceptable)
2520 Venture Oaks Way, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 01 / 12	\$ 25	Reception
12 / 11 / 12	\$ 25	Judicial Reception
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Center for Civic Mediation

ADDRESS (Business Address Acceptable)
1055 West 5th Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) Org. promoting mediated conflict resolution

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 22 / 12 *	\$ 25	Reception
04 / 17 / 12 *	\$ 60	Dinner
04 / 17 / 12 *	\$ 200	Personalized Trophy

Comments: * Events accompanied by presentation of Emil Gumpert award to this filer.

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

Name
 Carolyn B. Kuhl

- 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)
 88 Kearny Street

CITY AND STATE
 San Francisco, CA

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

DATE(S): 04 / 27 / 12 - 04 / 29 / 12 AMT: \$ 235.00
 (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 Law Institute

ADDRESS (Business Address Acceptable)
 4025 Chestnut Street

CITY AND STATE
 Philadelphia, PA

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

DATE(S): 05 / 20 / 12 - / / AMT: \$ 60.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Presentation on impact of court budget shortfall.

▶ NAME OF SOURCE (Not an Acronym)
 American Bar Association - Business Section

ADDRESS (Business Address Acceptable)
 321 N Clark Street

CITY AND STATE
 Chicago, IL

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

DATE(S): 02 / 17 / 12 - 02 / 18 / 12 AMT: \$ 493.76
 (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 Law Institute

ADDRESS (Business Address Acceptable)
 4025 Chestnut Street

CITY AND STATE
 Philadelphia, PA

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

DATE(S): 09 / 28 / 12 - / / AMT: \$ 704.18
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Participated on panel exploring potential for ALI Privacy Law Project.

Comments: _____

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

Name
Carolyn B. Kuhl

- 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 Law Institute

ADDRESS (Business Address Acceptable)
4025 Chestnut Street

CITY AND STATE
Philadelphia, PA

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

DATE(S): 05 / 20 / 12 - / / AMT: \$ 60.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Attended and participated in meeting on the Council in New York City.

▶ 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)
American Law Institute

ADDRESS (Business Address Acceptable)
4025 Chestnut Street

CITY AND STATE
Philadelphia, PA

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

DATE(S): 11 / 30 / 12 - 12 / 01 / 12 AMT: \$ 1,349.37
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Attended and participated as adviser to Consumer Contracts Project in New York City.

▶ 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: _____