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AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FILED
ALAMEDA COUNTY

JAN 14 2013

COVER PAGE

2013 JAN 30 PM 12:54

PAT SWEETEN, Exec. Off. Clerk

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEE JO-LYNNE QUONG

1. Office, Agency, or Court

Agency Name
SUPERIOR COURT, ALAMEDA COUNTY
Division, Board, Department, District, if applicable
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 ALAMEDA
- 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 ____/____/____
- The period covered is January 1, 2012, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

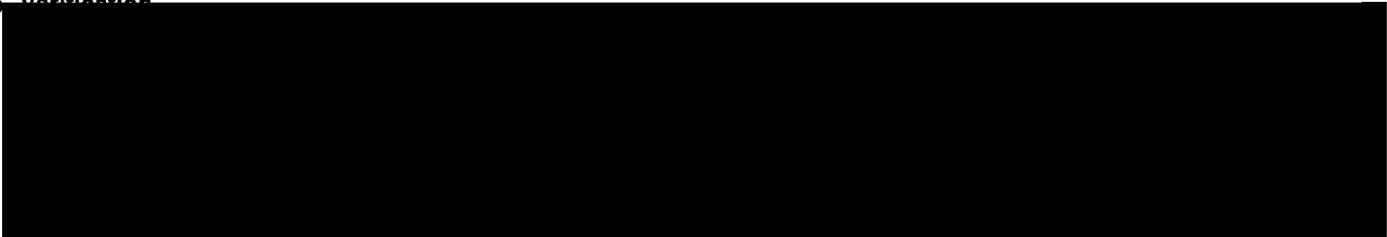
► Total number of pages including this cover page: 3

- 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 1/8/13
(month, day, year)

SCHEDULE D
Income - Gifts

Name
Jo-Lynne Lee

▶ NAME OF SOURCE (Not an Acronym)
PERRIN CONFERENCES

ADDRESS (Business Address Acceptable)
200 COLDSTREAM DR., BERWYN, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONFERENCE ORGANIZER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	\$ 300	Hotel (est. amount)
03 / 01 / 12	\$ 300	hotel (est. amount)
03 / 01 / 12	\$ 80	Dinner (est. amount)

▶ NAME OF SOURCE (Not an Acronym)
HB LITIGATION CONFERENCES

ADDRESS (Business Address Acceptable)
175 LANCASTER AVE., BERWYN, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONFERENCE ORGANIZER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 12	\$ 275	Hotel (est. amount)
10 / 18 / 12	\$ 275	Hotel (est. amount)
10 / 18 / 12	\$ 25	Lunch (est. amount)

▶ NAME OF SOURCE (Not an Acronym)
PERRIN CONFERENCES

ADDRESS (Business Address Acceptable)
200 COLDSTREAM DR., BERWYN, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONFERENCE ORGANIZER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 12	\$ 25	Lunch (est. amount)
	\$	
	\$	

▶ 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: ABOVE AMOUNTS ARE ESTIMATED AS CONFERENCE ORGANIZER PAID FOR THESE EXPENSES IN CONNECTION WITH MY PARTICIPATION ON PANELS AT THE CONFERENCES. EXACT AMOUNTS PAID BY CONFERENCE ORGANIZER IS UNKNOWN TO ME.

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

Name

J. Lynne Lee

- 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)
PERRIN CONFERENCES

ADDRESS (Business Address Acceptable)
200 Coldstream Drive

CITY AND STATE
Berwyn, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Conference organizer

DATE(S): 03 / 01 / 12 - 03 / 02 / 12 AMT: \$ 164.50
(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)
HB LITIGATION CONFERENCES

ADDRESS (Business Address Acceptable)
175 Lancaster Ave.

CITY AND STATE
Berwyn, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
conference organizer

DATE(S): 10 / 17 / 12 - 10 / 20 / 12 AMT: \$ 342.60
(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: