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2012 MAR 9 AM 11:47
LAST

2012 MAR -1 PM 1:35
(MIDDLE)

NAME OF FILER

LEWIS, THOMAS TRENT

CANDIDATE FINANCE
DISCLOSURE SECTION

1. Office, Agency, or Court

Agency Name

Superior Court

Judge

Division, Board, Department, District, if applicable

Los Angeles

Your Position

If filing for multiple positions, list below or on an attachment.

Agency: CJER Family Law Educ.; Board member
Position: Judicial Council; FAM. JUV. Advisory Com.

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: 5

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

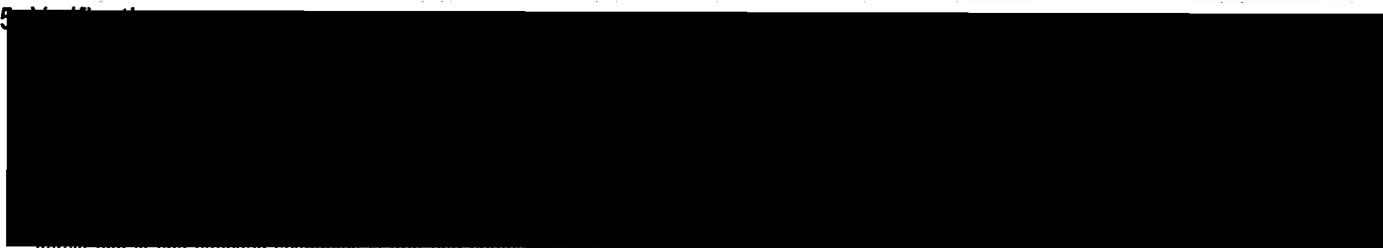
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 02.26.13
(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.

Name
Lewis, Thomas Trent

▶ NAME OF BUSINESS ENTITY
Franklin Telecommunications

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
MORGAN Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mutual Funds

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
Chevron USA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENERGY

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
MORGAN Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
STOCK FUNDS

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
FIDELITY FUNDS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mutual Fund

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 E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

Name
Lewis, Thomas Trent

- 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)
ASSOC. FAM. CONC. CT.

ADDRESS (Business Address Acceptable)
1336 N. Moorpark Rd #105

CITY AND STATE
Thousand Oaks CA 91360

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Travel Reimb. & meals

DATE(S): **02/12** AMT: \$ **325**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
BOARD Member

▶ NAME OF SOURCE (Not an Acronym)
ASSOC. CERTIF. FAM. SPECIALISTS

ADDRESS (Business Address Acceptable)
15 Carrillo Dr..

CITY AND STATE
San Rafael CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Travel Reimb. & meals

DATE(S): **03/12 & 12/12** AMT: \$ **1,500**
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Travel allowance and attendance At Conferences.

▶ 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: _____