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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED BY
FAIR POLITICAL PRACTICES COMMISSION
LOS ANGELES COUNTY
COVER PAGE

Date Received
Official Use Only

2013 FEB 11 PM 1:32 2012 JAN 29 AM 11:27

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Linfield Michael Paul

CAMPBELL DISCLOSURE SECTION

1. Office, Agency, or Court

Agency Name
Los Angeles Superior Court
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 _____
- City of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Leaving Office:** Date Left _____ (Check one)
- 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: _____

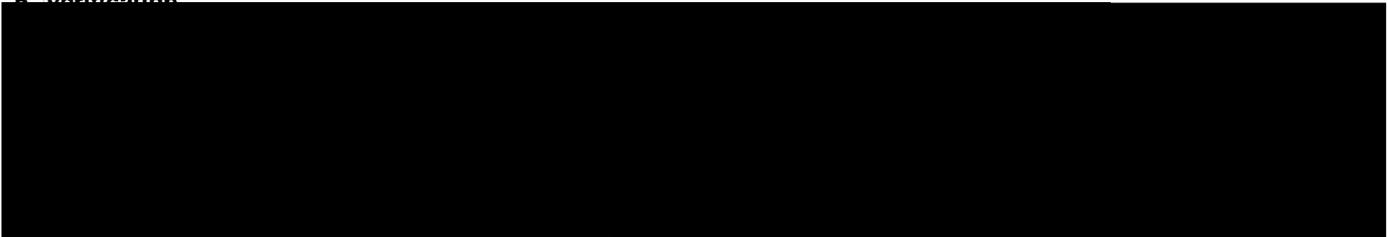
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 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 1-23-13
(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Michael Linfield

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3117 Silverado Dr.

CITY
Los Angeles

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 12
 \$10,001 - \$100,000 _____ / ____ / 12
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Leonara Epstein

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 12
 \$10,001 - \$100,000 _____ / ____ / 12
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Michael Linfield

- 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)
 George Mason University School of Law

ADDRESS (Business Address Acceptable)
 3301 Fairfax Drive

CITY AND STATE
 Arlington, VA 22201

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

DATE(S): 05 / 05 / 12 - 05 / 11 / 12 AMT: \$ 564.75
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Travel reimbursement for participation in Economics Institute for Judges

▶ 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: **SCANNED**

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2013 FEB 20 PM 12: 59

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
SCHEDULE E

Income Gifts
2013 FEB 25 AM 11: 39
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

CAMPAIGN FINANCE
DISCLOSURE SECTION

- You must mark either the gift or income box.
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NAME OF SOURCE (Not an Acronym)
Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)
8502 E. Chapman Ave., #443

CITY AND STATE
Orange, CA 92869

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

DATE(S): 01 / 17 / 12 - / / AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Food served at luncheon/educational program

NAME OF SOURCE (Not an Acronym)
Los Angeles County Bar Association

ADDRESS (Business Address Acceptable)
1055 West Seventh Street, Suite 2700

CITY AND STATE
Los Angeles, CA 90017-2577

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

DATE(S): 02 / 07 / 12 - / / AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Food served at annual Bench Meets Bar luncheon

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

ADDRESS (Business Address Acceptable)
800 West Sixth St. #700

CITY AND STATE
Los Angeles, CA 90017

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

DATE(S): 01 / 21 / 12 - / / AMT: \$ 100.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Food served at annual installation dinner

Filer's Verification

Print Name Michael Linfield

Office, Agency or Court Los Angeles Superior Court

Statement Type 2012/2013 Annual Assuming Leaving
 Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 2-13-13

Comments: _____

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CAMPAIGN FINANCE
DISCLOSURE SECTION

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FAIR POLITICAL
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SCHEDULE E
Income Gifts 2013 FEB 25 AM 11: 39

Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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NAME OF SOURCE (Not an Acronym)
Association of Southern California Defense Counsel
ADDRESS (Business Address Acceptable)
2520 Venture Oaks Way, Suite 150
CITY AND STATE
Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Bar Association
DATE(S): 03 / 02 / 12 - ___ / ___ / ___ AMT: \$ 50.00
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Food served at annual luncheon meeting

NAME OF SOURCE (Not an Acronym)
George Mason School of Law
ADDRESS (Business Address Acceptable)
3301 Fairfax Dr. Suite 216
CITY AND STATE
Arlington, VA 22201
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Law School
DATE(S): 05 / 05 / 12 - 05 / 11 / 12 AMT: \$ 2,696.75
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Meals, travel and lodging for attendance at Law and Economics Institute

NAME OF SOURCE (Not an Acronym)
Association of Corporate Counsel -- So. Cal. Chapter
ADDRESS (Business Address Acceptable)
1025 Connecticut Avenue NW Suite 200
CITY AND STATE
Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Bar Association
DATE(S): 05 / 04 / 12 - ___ / ___ / ___ AMT: \$ 100.00
(If gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Food served at annual dinner

Filer's Verification
Print Name Michael Linfield
Office, Agency or Court Los Angeles Superior Court
Statement Type 2012/2013 Annual Assuming Leaving
 Annual Candidate
(yr)
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 9-13-13
(month, day, year)

Comments: _____

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2013 FEB 20 PM 12: 59

CAMPAIGN FINANCE
DISCLOSURE SECTION

RECEIVED
SCHEDULE E
FAIR POLITICAL PRACTICES COMMISSION

Income - Gifts
Travel Payments, Advances,
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

ADDRESS (Business Address Acceptable)
8502 E. Chapman Ave., #443

CITY AND STATE
Orange, CA 92869

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

DATE(S): 05 / 15 / 12 - ____ / ____ / ____ AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food served at luncheon/educational program

▶ NAME OF SOURCE (Not an Acronym)
American Board of Trial Advocates

ADDRESS (Business Address Acceptable)
2001 Bryan St., Suite 3000

CITY AND STATE
Dallas, TX 75201

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

DATE(S): 07 / 25 / 12 - ____ / ____ / ____ AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food served at annual judicial reception

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

ADDRESS (Business Address Acceptable)
8502 E. Chapman Ave., #443

CITY AND STATE
Orange, CA 92869

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

DATE(S): 06 / 26 / 12 - ____ / ____ / ____ AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food served at luncheon/educational program

Filer's Verification

Print Name Michael Linfield

Office, Agency or Court Los Angeles Superior Court

Statement Type 2012/2013 Annual Assuming Leaving
 ____ (yr) Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 2-18-13

F [Redacted Signature]

Comments: _____

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LOS ANGELES COUNTY

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CAMPAIGN FINANCE
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SCHEDULE E
Income, Gifts
Travel Payments, Advances,
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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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NAME OF SOURCE (Not an Acronym)
South Asian Bar Association

ADDRESS (Business Address Acceptable)
P.O. Box 4587

CITY AND STATE
Cerritos, CA 90703-4587

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

DATE(S): 03 / 22 / 12 - ___/___/___ AMT: \$ 100.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food served at dinner reception

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

ADDRESS (Business Address Acceptable)
2520 Venture Oaks Way, Suite 150

CITY AND STATE
Sacramento, CA 95833

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

DATE(S): 12 / 11 / 12 - ___/___/___ AMT: \$ 50.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food at annual judges reception

NAME OF SOURCE (Not an Acronym)
Korean Community Lawyers's Association

ADDRESS (Business Address Acceptable)
3470 Wilshire Blvd #1010

CITY AND STATE
Los Angeles, CA 90010

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

DATE(S): 09 / 27 / 12 - ___/___/___ AMT: \$ 100.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Food served at annual installation dinner where I delivered the keynote speech.

Filer's Verification

Print Name Michael Linfield

Office, Agency or Court Los Angeles Superior Court

Statement Type 2012/2013 Annual Assuming Leaving
 ___ Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 2-13-13
(month, day, year)

File # [REDACTED]

Comments: _____