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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FEB 22 2013

FAIR POLITICAL PRACTICES
COVER PAGE

2013 MAR -1 AM 10:16
(FIRST)

FRESNO COUNTY
SUPERIOR COURT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McGuire Rosemary T.

1. Office, Agency, or Court

Agency Name
Superior Court of California, County of Fresno
Division, Board, Department, District, if applicable
Your Position
Superior Court Judge

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

Agency: Fresno County Law Library Position: Board of Trustees

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.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____
(Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- 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: 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
 - or-
 - None - No reportable interests on any schedule

I certify that the information furnished on this statement and in any attached schedules is true and complete. I understand that this statement and any attached schedules are public records.

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

Date Signed 2/21/13
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
ROSEMARY McGUIRE

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Russ Conrad Insurance Services</u> ADDRESS (Business Address Acceptable) <u>6702 N. Cedar, Fresno, CA 93710</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance</u> YOUR BUSINESS POSITION <u>Owner</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____ GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE TERM (Months/Years) _____% <input type="checkbox"/> None _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small> _____ <small style="margin-left: 150px;">City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small>
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Comments: _____

Name

Rosemary McGue

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

- 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)
Association of Business Trial Lawyers (ABTL)

ADDRESS (Business Address Acceptable)
8080 Palm Avenue, Third Floor

CITY AND STATE
Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Plaintiff & defense business trial lawyers association.

DATE(S): 04 / 20 / 12 - 04 / 22 / 12 AMT: \$ 782.70
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Travel and registration reimbursement in connection with program participation at annual board meeting.

▶ 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: _____

SCHEDULE D
Income - Gifts

Name
Rosemary McGuire

▶ NAME OF SOURCE (Not an Acronym)
Robert Buccola
 ADDRESS (Business Address Acceptable)
20 Bicentennial Circle, Sacramento CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 04 / 12</u>	\$ <u>200</u>	<u>Dinner self & spouse.</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____