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**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

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Please type or print in ink.

2013 MAR -4 PM 3:34

NAME OF FILER (LAST) Segal (FIRST) John (MIDDLE) L  
DISCLOSURE SECTION

**1. Office, Agency, or Court**

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County 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 \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

**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
- or-
- None - No reportable interests on any schedule**
- Total number of pages including this cover page: 5



I have used all reasonable diligence in preparing this statement. I certify that the information 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 I am the duly elected or appointed officer of the agency or court named above.

Date Signed 02/17/13  
(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 John Segal

▶ NAME OF BUSINESS ENTITY  
MGS Realty

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

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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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

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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

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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

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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 A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

Name Strata Vacation Art Partners

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Art

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                              12 /    / 12                         /    / 12  
 \$2,000 - \$10,000                              ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                 /    / 12                         /    / 12  
 \$2,000 - \$10,000                              ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached



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

Name  
John Segal

- 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)  
Consumers Attorneys of LA  
 ADDRESS (Business Address Acceptable)  
800 W. 6th Street, Suite 700  
 CITY AND STATE  
Los Angeles CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
2012 Annual Reception  
 DATE(S): 01/21/12 AMT: \$ 50  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Attended annual reception

▶ NAME OF SOURCE (Not an Acronym)  
Association of Business Travel Leaders  
 ADDRESS (Business Address Acceptable)  
8502 E. Chapman Ave. Suite 447  
 CITY AND STATE  
Orange, CA 92869  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Annual Seminar  
 DATE(S): 09/18/12 09/22/12 AMT: \$ 1,700  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Avatar and Hotel at annual seminar

▶ NAME OF SOURCE (Not an Acronym)  
Association of California Defense Counsel  
 ADDRESS (Business Address Acceptable)  
2520 Venture Oaks Way, 150  
 CITY AND STATE  
Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
2012 Annual Reception  
 DATE(S): 12/11/12 AMT: \$ 50  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
Attending annual reception

▶ 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: \_\_\_\_\_