

GZ

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 SHALLER FREDERICK CARL

1. Office, Agency, or Court

Agency Name
 SUPERIOR COURT, COUNTY OF LOS ANGELES
 Division, Board, Department, District, if applicable
 DEPARTMENT 46; MOSK COURTHOUSE
 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.
 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: 3
 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
Sched. B omitted as only property is family residence, etc.
 None - No reportable interests on any schedule

 Secretary shall certify under the laws of the State of California
 Date Signed 05/08/2013 Sig
 (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.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF BUSINESS ENTITY
APPLE, INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

CONTINUED STOCK SHARE OWNERSHIP

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
COACH, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

CONTINUED STOCK SHARE OWNERSHIP

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

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

Filer's Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2012/2013 Annual Assuming Leaving
 _____ 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.

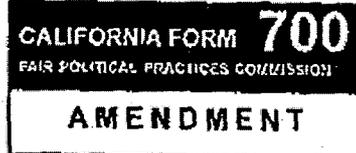
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____ (month, day, year)

Filer's Signature _____

Comments: _____

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)
American Academy of Matrimonial Lawyers/So. Cal
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Award: Family Law Judge of Year
 DATE(S) 01 / 19 / 12 AMT: \$ 417.93
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Reimburse hotel costs relating to receipt of award on
1/19/2012

▶ 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

Filer's Verification

Print Name _____
 Office, Agency or Court _____
 Statement Type 2012/2013 Annual Assuming Leaving
 _____ 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 _____
(month, day, year)
 Filer's Signature _____

Comments: _____

AN

GZ

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
Official Use Only
RECEIVED

2013 MAR -1 PM 2:25
REC. (MIDDLE)
L.A. SUPERIOR COURT
CLERK

Please type or print in ink.

2013 MAR -7 PM 1:32

NAME OF FILER (LAST) **SHALLER** (FIRST) **FREDERICK**

1. Office, Agency, or Court

Agency Name
SUPERIOR COURT STATE OF CALIFORNIA
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.
- 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: **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

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 2/28/2013
(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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ 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 _____

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 _____

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 _____

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: **No changes from last year. I hold same stock shares**

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

Name _____

- 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)
American Academy of Matrimonial
 ADDRESS (Business Address Acceptable)
Lawyers; Southern Cal Chapter
 CITY AND STATE
Award: Family Law Judge of Year
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): **01/19 2012** (If gift) AMT: \$ **417.93**

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Award - 1-19-2012
Reimburse for hotel costs

▶ 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: _____

**FEINBERG, MINDEL,
BRANDT & KLEIN, LLP**

12424 Wilshire Boulevard
Ninth Floor
Los Angeles, Ca 90025

310-447-8675
Fax 310-447-8678

Sender's E-mail
rbrandt@fmbklaw.com

TRANSMITTAL MEMO

To:

Hon. Frederick Shaller
Judge of the Superior Court, Dept. 46
Los Angeles Superior Court
111 North Hill Street

Date:

January 19, 2012

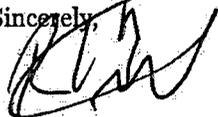
Los Angeles, CA 90012

Re: AAML – Payment for January 14, 2012 Awards Dinner

Enclosure(s)

1. AAML Wells Fargo Bank Check No. 1992 in the sum of \$417.93

Sincerely,



Robert C. Brandt
Treasurer - AAML Southern California Chapter

RCB/so

Enclosure

AMERICAN ACADEMY OF MATRIMONIAL LAWYERS

WELLS FARGO BANK, N.A.
www.wellsfargo.com
16-24/1220

1992

1/19/2012

PAY TO THE ORDER OF FREDERICK C. SHALLER

\$ **417.93

Four Hundred Seventeen and 93/100*****

DOLLARS

FREDERICK C. SHALLER
111 N. HILL ST., DEPT. 46
LOS ANGELES, CA 90012

MEMO



AUTHORIZED SIGNATURE

⑈0000001992⑈ ⑆122000247⑆ 2019080670⑈

Details on Back



Security Features Included

AMERICAN ACADEMY OF MATRIMONIAL LAWYERS

1992

FREDERICK C. SHALLER

1/19/2012

JUDGE SHALLER

417.93

Checking Account

417.93

AMERICAN ACADEMY OF MATRIMONIAL LAWYERS
SOUTHERN CALIFORNIA CHAPTER

CHECK REQUISITION FORM

Person Requesting Check: FREDERICK SHALLER
Telephone Number: (213) 974-6962
Email: fcshaller@lasuperiorcourt.org
Amount of Check: \$ 417.93

Check Description: (Check One)

- 2010 Institute
- 2011 Institute
- 2012 Institute
- 2010 Retreat
- 2011 Retreat
- Chicago Dinner
- National Meeting
- Chapter Meeting
- Refund for

Other (please describe: 1/14/2012 Awards Dinner)

PLEASE NOTE: Detailed backup (i.e. invoice, banquet check, letter requesting refund) must accompany all requests

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Check made payable to: FREDERICK C. SHALLER

Address to where check should be sent:

111 N. Hill Street - Dept 46
Los Angeles, CA 90012

Please allow 15 days to process this check request. Send all requests (with backup) to the AAML Southern California Chapter Treasurer:

Robert C. Brandt
FEINBERG, MINDEL, BRANDT & KLEIN, LLP
12424 Wilshire Boulevard, Ninth Floor
Los Angeles, CA 90025
Tel: (310) 447-8675
Fax: (310) 447-8678
Email: rbrandt@fmbklaw.com