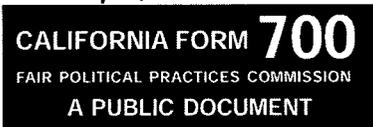


AN



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only

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GZ

Please type or print in ink.

NAME OF FILER (LAST) Taylor (FIRST) Eric (MIDDLE) Charles

1. Office, Agency, or Court

Agency Name Los Angeles Superior Court
Division, Board, Department, District, if applicable Torrance -- Southwest
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, Multi-County, City of, Judge or Court Commissioner, County of Los Angeles, Other

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

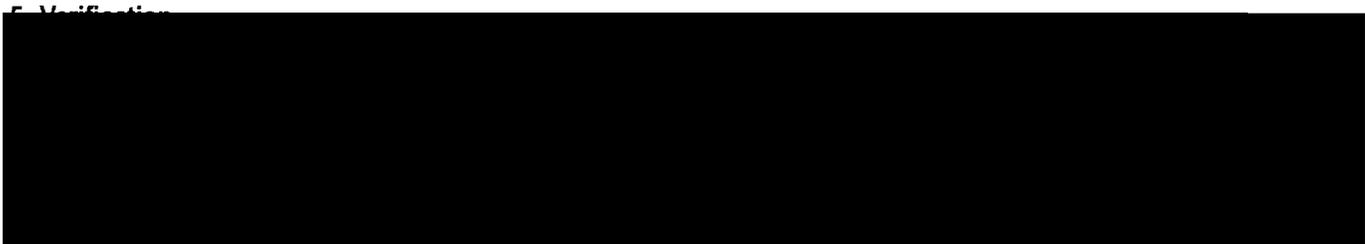
- Annual, Assuming Office, Candidate, Leaving Office, The period covered is...

4. Schedule Summary

Check applicable schedules or "None."

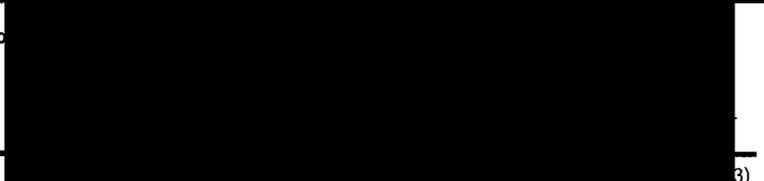
Total number of pages including this cover page: 4

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule



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

Date Signed 01/18/2013 (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.*

|  |
|--|
| <p><b>CALIFORNIA FORM 700</b><br/>FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name<br/><b>Eric C Taylor</b></p> |
|--|

▶ NAME OF BUSINESS ENTITY  
**Apple Inc**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Tech**

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  
**Facebook Inc**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Communications**

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:  
**05** / **15** / **12**      **09** / **10** / **12**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**British Petro**

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**      **04** / **01** / **12**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**LA County 401k and 457 Plans**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Retirement 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  
**Acme Pack**

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**      **09** / **10** / **12**  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Met Life**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Life - Savings Policy**

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 **Life savings policy**  
(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  
 Eric C Taylor

- 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)  
 California Judges Association

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

CITY AND STATE  
 Sacramento CA 95933

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

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 600.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

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

Travel Reimbursement for Board Meeting -- Panel of past presidents - Room and meal provided

▶ 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: \_\_\_\_\_