

GZ

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
Official Use Only

JAN 15 2013

2013 FEB -6 AM 11:59

ALAN CARLSON, Clerk of the Court
P. DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
AGUIRRE FREDERICK P.

1. Office, Agency, or Court

Agency Name
SUPERIOR COURT, ORANGE COUNTY
Division, Board, Department, District, if applicable
NORTH JUDICIAL CENTER
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 (Statewide Jurisdiction)
- County of _____
- Other _____

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

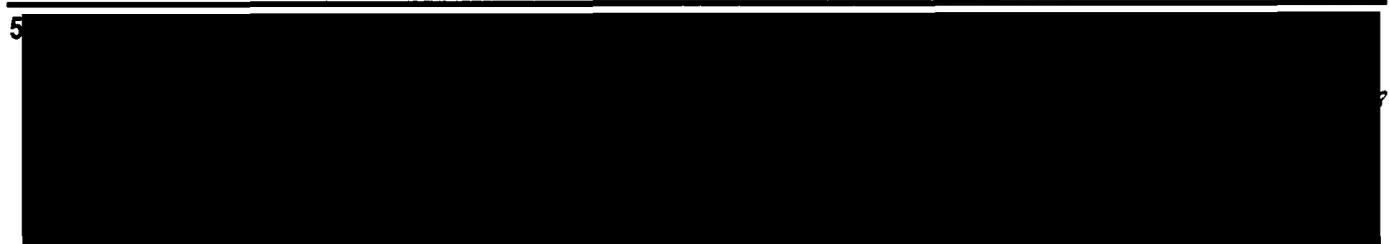
- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- 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
- or-
- None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that the information provided herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and complete.

Date Signed 1/14/13
(month, day, year)

SCHEDULE D
Income - Gifts

Name
FREDERICK P. AGUIRRE

▶ NAME OF SOURCE (Not an Acronym)
CAH. STATE UNIVERSITY, FULLERTON, CA.
 ADDRESS (Business Address Acceptable)
500 W. STATE COLLEGE, FULL.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
WINE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/25/12</u>	<u>\$ 200</u>	<u>DINNER AND ENTERTAINMENT AT HONDA CENTER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
COURT APPTD. SPECIAL ADVOCATE
 ADDRESS (Business Address Acceptable)
1505 E. 17th ST, SANTA ANA, CA.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
FUND RAISER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/19/12</u>	<u>\$ 200</u>	<u>DIPNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY BAR ASSOCIATION
 ADDRESS (Business Address Acceptable)
P.O. BOX 6130, NEWPORT BEACH, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
JUDGES NIGHT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/19/12</u>	<u>\$ 150</u>	<u>DINNER</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
HISPANIC CHAMBER OF COMMERCE
 ADDRESS (Business Address Acceptable)
2130 E. 4th ST, SANTA ANA, CA.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOARD OF TRUSTEES - DATH.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/14/12</u>	<u>\$ 150</u>	<u>DINNER</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

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

Name
Aguirre, Fredrick

- 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)
U.S. NAVY

ADDRESS (Business Address Acceptable)
SAN DIEGO, CA

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
SAILOR OF THE YEAR PROGRAM
I JUDGED THE EVENT.

DATE(S): 2/4/12 AMT: \$ 200
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
1 NIGHT HOTEL ACCOMOD.
2 MEALS.

▶ 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: _____