

MAR 15 2013

Please type or print in ink.

2013 MAR 20 AM 11:12
A PUBLIC DOCUMENT

ALAN CARLSON, Clerk of the Court

NAME OF FILER (LAST) (FIRST) (MIDDLE)
COLAW INIERCY PATRICK
BY: [Signature] DEPUTY

1. Office, Agency, or Court

Agency Name

SUPERIOR COURT COUNTY OF ORANGE
Division, Board, Department, District, if applicable Your Position

► 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.
 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.
 Assuming Office: Date assumed ____/____/____
 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: _____

- 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

5 [Redacted Signature Area]

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

Date Signed 3-15-13
(month, day, year)

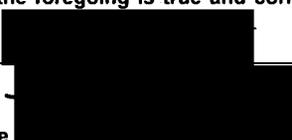
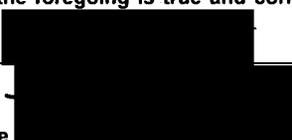
SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- 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
 ADDRESS (Business Address Acceptable)
8502 E. CHADMAN AVE. # 443
 CITY AND STATE
ORANGE CA 92869
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
NON-PROFIT LOCAL BAR ASSOCIATION
 DATE(S): 9/19/12 - 9/21/12 AMT: \$ 1223.99
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
TRAVEL REIMBURSEMENT FOR
BAR EDUCATIONAL PROGRAM AS PANELIST

▶ 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 THIERRY PATRICK COLAW
 Office, Agency or Court ORANGE COUNTY SUPERIOR
 Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
 (yr)
 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  3/15/13
 Filer's Signature 

Comments: _____

AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS JAN 24 2013

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE
2013 FEB -6 AM 11:59

ALAN CARLSON, Clerk of the Court

GZ

Please type or print in ink.

NAME OF FILER (LAST) COLAW (FIRST) Thierry (MIDDLE) Patrick BY: [Signature] DEPUTY

1. Office, Agency, or Court

Agency Name

Superior Court County of ORANGE

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____ Position: _____

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

- [X] State [] Judge or Court Commissioner (Statewide Jurisdiction)
[] Multi-County [] County of
[] City of [] Other

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

- [X] Annual: The period covered is January 1, 2012, through December 31, 2012.
-or- The period covered is through December 31, 2012.
[] 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.
[] Assuming Office: Date assumed
[] 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: 5

- [X] Schedule A-1 - Investments - schedule attached [] Schedule C - Income, Loans, & Business Positions - schedule attached
[] Schedule A-2 - Investments - schedule attached [X] Schedule D - Income - Gifts - schedule attached
[] Schedule B - Real Property - schedule attached [X] Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
[] None - No reportable interests on any schedule



I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State

Date Signed 1-17-13 (month, day, year)

(File the originally signed statement with your filing officer.)

**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 <u>Thierry P. Colau</u>
--

▶ NAME OF BUSINESS ENTITY
B. P. AMOCO

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 _____ / _____ / 12
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
COLA - COLA COMPANY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
BEVERAGE MANUFACTURE

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 MILLS, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FOOD DISTRIBUTION

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
JOHNSON + JOHNSON, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
HEALTH PRODUCT SALES

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
PEPSICO, INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FOOD + BEVERAGE MANUFACTURE

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
ROYAL DUTCH PETROLEUM, INC.

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 _____ / _____ / 12
 ACQUIRED DISPOSED

Comments: _____

**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
Thierry P. Colau

▶ NAME OF BUSINESS ENTITY
Schlumberger Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy Exploration

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:
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 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: _____

SCHEDULE D
Income - Gifts

Name
Thierry P. Colaw

▶ NAME OF SOURCE (Not an Acronym)
CHRISTOPHER J. DAY
ADDRESS (Business Address Acceptable)
301 W. 1st ST. JUSTIN, CA 92780
BUSINESS ACTIVITY, IF ANY, OF SOURCE
NONE - Friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/12</u>	<u>\$ 150.00</u>	<u>BASEBALL TICKET</u>
<u>5/17/12</u>	<u>\$ 150.00</u>	<u>BASEBALL TICKET</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CARY SARNOFF
ADDRESS (Business Address Acceptable)
Esquire Deposition Services
BUSINESS ACTIVITY, IF ANY, OF SOURCE
750 B STREET SAN DIEGO, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/19/12</u>	<u>\$ 150.00</u>	<u>BASEBALL TICKET</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
JUDICATE WEST
ADDRESS (Business Address Acceptable)
1851 E. 1st ST. SANTA ANA, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADR SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/26/12</u>	<u>\$ 169.00</u>	<u>BASEBALL TICKETS</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN BOARD OF TRIAL ADVOCATE
ADDRESS (Business Address Acceptable)
19 CORPORATE PLAZA, NEWPORT BEACH, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON-PROFIT BAR ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/20/12</u>	<u>\$ 169.00</u>	<u>BASEBALL TICKET</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)

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Thierry P. Colaw</u>

- 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 Conference Institute (ACI)

ADDRESS (Business Address Acceptable)
45 W. 25th ST., 11th Floor

CITY AND STATE
NEW YORK, NEW YORK 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEGAL SEMINARS - M.C.L.E.

DATE(S): _____ AMT: \$ 888.80
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

AIR TRAVEL + LODGING REIMBURSEAL
FOR ACI MIAMI, FLA. SEMINAR ON
"PREVENTING LONG TERM CARE
LITIGATION."

▶ 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)
H B LITIGATION CONFERENCES, LLC

ADDRESS (Business Address Acceptable)
1175 LANCASTER AVE. 1ST FLOOR

CITY AND STATE
Berwyn, PA 19312

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEGAL SEMINARS - M.C.L.E.

DATE(S): _____ AMT: \$ 87.23
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

CONSTRUCTION LITIGATION LEADERS' FORUM
MARCH 8-9, 2012 MILEAGE

▶ 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: _____