



STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

RECEIVED HUMAN RESOURCES OFFICE COVER PAGE RECEIVED FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) 2013 MAR -7 PM 1:10 (MIDDLE) DAVIS Keith D.

1. Office, Agency, or Court

Agency Name Superior Court of California, County of San Bernardino Division, Board, Department, District, if applicable Your Position Judge

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

Agency: See Attachment Position: See Attachment

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

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of San Bernardino, 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, The period covered is January 1, 2012, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- 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, None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I have signed and in any attached schedules is true and complete. I acknowledge and understand that I am making this statement under penalty of perjury under the laws of the State of California.

Date Signed 02/12/2013 (month, day, year)

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

**Attachment to Cover Page of**  
**2012 Statement of Economic Interests for Keith D. Davis**  
**California Form 700**

**Additional Positions/Agencies**

2.     **Agency: Law Library for San Bernardino County**  
**Position: President, Board of Trustees**  
**Jurisdiction: County of San Bernardino**
  
3.     **Agency: Legal Services Trust Fund Commission, State Bar of California**  
**Position: Advisory Board Member**  
**Jurisdiction: State**
  
4.     **Agency: California Judges Association**  
**Position: Immediate Past President**  
**Jurisdiction: State**

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

HUMAN RIGHTS

2013 FEB 13 AM 10:53

Name \_\_\_\_\_  
 WITH DEDUCTION \_\_\_\_\_

- 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 95833-4228

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

DATE(S): 06 / 18 / 12 - 06 / 19 / 12 AMT: \$ 533.33  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Travel reimbursement to attend Board Meetings on  
 6/18/2012 - 6/19/2012

▶ 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

▶ 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: \_\_\_\_\_