

FILED

SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
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FEB 15 2013

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

GZ

Please type or print in ink.

2013 MAR 11 PM 1:06

ALAN CARLSON, Clerk of the Court

NAME OF FILER: DI CESARE (LAST) JAMES (FIRST)
BY: [Signature] J. DEPUTY (MIDDLE)

1. Office, Agency, or Court

Agency Name: Superior Court
Division, Board, Department, District, if applicable: STATE OF CALIFORNIA COUNTY OF ORANGE, JUDGE
Your Position

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

Agency: _____ Position: _____

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

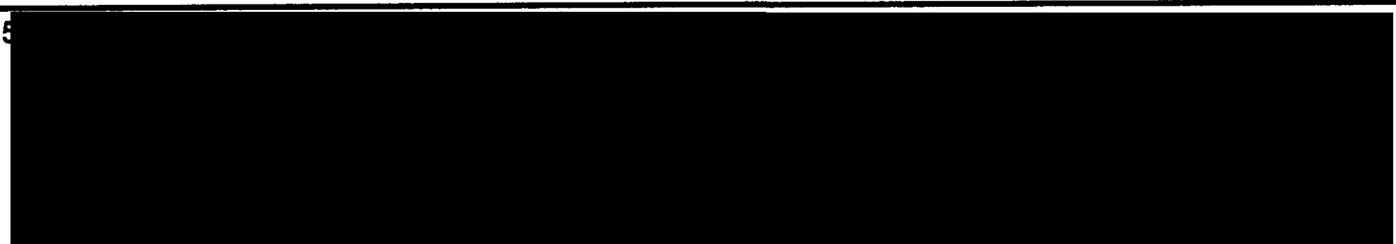
State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of _____ Other _____

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: 6
 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 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 2-14-2013
(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.

Name: JAMES J. DILETARE

NAME OF BUSINESS ENTITY: MORGAN STANLEY SMITH BARNEY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: FINANCIAL
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JAMES J. DiCESARE

▶ 1. BUSINESS ENTITY OR TRUST

LAW OFFICE OF JAMES J. DiCESARE
 Name
90 575 ANTON BLVD STE 710 COSTA MESA
 Address (Business Address Acceptable) CA 92626

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PRIOR LAW FIRM / NOT PRACTICING LAW

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corp Other

YOUR BUSINESS POSITION PRIOR LAW FIRM

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000 NOT PRACTICING LAW

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

DI CESARE FAMILY TRUST
 Name
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income - Gifts

Name
Amel DiCesare

▶ NAME OF SOURCE (Not an Acronym)
WAYNE + CATHY LAWCASTER
ADDRESS (Business Address Acceptable)
901 PALOMA RD. FULLERTON CA 92635
BUSINESS ACTIVITY, IF ANY, OF SOURCE
FRIENDS / ECONOMIST.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/30/12</u>	<u>\$125.00</u> APPROX.	<u>HOLIDAY PARTY</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
PEARSON UNIVERSITY, SCHOOL OF LAW
ADDRESS (Business Address Acceptable)
24255 PACIFIC COAST HIGHWAY, MALIBU CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW SCHOOL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/12/12</u>	<u>\$100.00</u> APPROX.	<u>JUDGES NIGHT APPRECIATION DINNER</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY BAR ASS.
ADDRESS (Business Address Acceptable)
4685 MacARTHUR CT #300 NEWPORT BEACH
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA 92660
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/19/12</u>	<u>\$100.00</u> APPROX.	<u>JUDGES NIGHT / INSTALLATION OF OFFICERS</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
ASS. OF BUSINESS TRIAL LAWYERS, O.C.
ADDRESS (Business Address Acceptable)
8502 E. CHAPMAN AVE STE 443 ORANGE CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
92862
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 MEETINGS</u>	<u>\$180.00</u> APPROX.	<u>BOARD MEETINGS + EDUCATIONAL PROGRAM / BOARD MEMBER</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY TRIAL LAWYERS ASS.
ADDRESS (Business Address Acceptable)
25602 ALICIA PKY #405 LABOWA HILL
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA 92653
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 MEETINGS</u> <u>7-26/10-25/11-27</u>	<u>\$75.00</u> APPROX.	<u>SEMINAR MEETINGS</u>
<u>12/7/12</u>	<u>\$25.00</u> APPROX.	<u>HOLIDAY PARTY</u>
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN BOARD OF TRIAL LAWYERS
ADDRESS (Business Address Acceptable)
96301 West 1st St. TUSTIN CA 92780
BUSINESS ACTIVITY, IF ANY, OF SOURCE
3108
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/10/12</u>	<u>\$55.00</u> APPROX.	<u>JUDGES NIGHT / AWARDS NIGHT</u>
___/___/___	\$	
___/___/___	\$	

Comments: _____

SCHEDULE D
Income - Gifts

Name
JAMES DiCEJARE

▶ NAME OF SOURCE (Not an Acronym)
O. C. WOMAN LAWYER ASS

ADDRESS (Business Address Acceptable)
% 4685 MacArthur Ct #300 Newport Beach

BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 92660

BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 5, 12</u>	<u>\$ 50.00</u>	<u>BOARD INSTALLATION / HOLIDAY EVENT.</u>
<u>APPR.</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)
ORANGE COUNTY BAR ASS. BUSINESS LITIGATION

ADDRESS (Business Address Acceptable) SECTION

% 4685 MacArthur Ct #300 Newport Beach

BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 92660

BAR ASS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 MEETINGS</u>	<u>\$ 50.00</u>	<u>SEMINARS + MEETINGS.</u>
<u>5-4-12</u>	<u>APPR.</u>	
<u>8-3-12</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)
CHRISTOPHER DAY

ADDRESS (Business Address Acceptable)
301 WEST 1ST ST TUSTIN CA 92780

BUSINESS ACTIVITY, IF ANY, OF SOURCE ATTY.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 14, 12</u>	<u>\$ 230.00</u>	<u>AWARD 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
James J. DiCesare

- 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)
ASS OF BUSINESS TRIAL LAWYERS, ORANGE COUNTY

ADDRESS (Business Address Acceptable)
8502 E CHAPMAN AVE # 443

CITY AND STATE
ORANGE CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
BAR ASS.

DATE(S): _____ AMT: \$ *2,947.65*
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel *SESSION SPEAKER*

Other - Provide Description *ANNUAL EDUCATION SEMINAR AND BOARD MEETING, MEMBER OF THE BOARD EDUCATION/BOARD/REGISTRATION FEE/TRAVEL LODGING/FOOD.*

▶ 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)
ASS OF BUSINESS TRIAL LAWYERS, O.C.

ADDRESS (Business Address Acceptable)
8502 E. CHAPMAN AVE # 443

CITY AND STATE
ORANGE CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
BAR ASS.

DATE(S): _____ AMT: \$ *1,017.70*
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel *BOARD MEMBER*

Other - Provide Description *JOINT BOARD MEETING + RETREAT/ LODGING, TRAVEL, FOOD*

▶ 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: _____