



RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 COVER PAGE

FEB 27 2013

Please type or print in ink.

2013 MAR 1 AM 8:22

NAME OF FILER (LAST) ELIAS (FIRST) HARRY (MIDDLE) M.

**1. Office, Agency, or Court**

Agency Name

SAN DIEGO SUPERIOR COURT

Division, Board, Department, District, if applicable

N/A

Your Position

JUDGE OF THE SUPERIOR COURT

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

Agency: CHILDREN'S JUSTICE ACT TASK FORCE

Position: CHAIR

**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.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

**5. Verification**



I certify under penalty of perjury under the laws of the State

Date Signed 25 Feb 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.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**ELIAS, HARRY M.**

▶ NAME OF BUSINESS ENTITY  
**CALLAWAY GOLF**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**MIG OF GOLF EQUIPMENT**

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  
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 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
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 Partnership     Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **12**      \_\_\_\_\_ / \_\_\_\_\_ / **12**  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

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

Name  
 ELIAS, HARRY M.

- 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)  
 Cal EMA - CJA TASK FORCE

ADDRESS (Business Address Acceptable)  
 3350 Schrierer Avenue

CITY AND STATE  
 Mather, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Task Force Meetings

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 1,230.62  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Reimburse: airfare, hotel, meals, mileage, tolls and parking

▶ 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)  
 AOC/CJER

ADDRESS (Business Address Acceptable)  
 455 Golden Gate Avenue

CITY AND STATE  
 San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 VAWEP Meetings; Teaching

DATE(S): 01 / 01 / 12 - 12 / 31 / 12 AMT: \$ 151.89  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Reimburse: travel, meals, mileage, parking and tolls

▶ 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: \_\_\_\_\_