

AN



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

RECEIVED Date Received JAN 28 2013

SANTA BARBARA COUNTY SUPERIOR COURT HUMAN RESOURCES Stephanie Rello (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) 2012 MAR 8 AM 11:05 (FIRST) Denise (MIDDLE) Marie

1. Office, Agency, or Court

Agency Name Superior Court
Division, Board, Department, District, if applicable County of Santa Barbara
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 (checked)
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction) (checked)
County of
Other

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

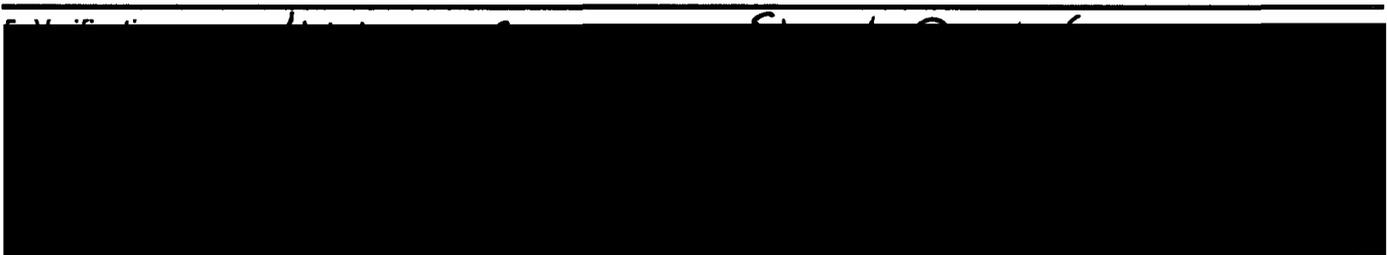
- Annual: The period covered is January 1, 2012, through December 31, 2012. (checked)
Leaving Office: Date Left ()
The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed ()
The period covered is through the date of leaving office.
Candidate: Election 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: 4

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



I certify under penalty of perjury under the laws of the State of California that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I understand the consequences of providing false information.

Date Signed 1/14/2013 (month, day, year)

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
Denise de Bellefeuille

1. BUSINESS ENTITY OR TRUST

Name *Herman de Bellefeuille vineyard*

Address (Business Address Acceptable) *1100 Anacapa Street #6 Santa Barbara CA*

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/_____/12 _____/_____/12

\$2,000 - \$10,000 _____/_____/12 _____/_____/12

\$10,001 - \$100,000 ACQUIRED DISPOSED

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

Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION *Co-owner with husband*

1. BUSINESS ENTITY OR 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 _____/_____/12 _____/_____/12

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$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

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

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 _____/_____/12 _____/_____/12

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

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

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 _____/_____/12 _____/_____/12

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

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: _____

Name

Denise de Bellefeuille

**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)
California Judges Association

ADDRESS (Business Address Acceptable)
2520 Venture Oaks Way #150

CITY AND STATE
Sacramento, CA 95833-4228

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

DATE(S): 1/1/12 - 12/9/12 AMT: \$ 780⁰⁰
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
travel reimbursements for
CJA Ethics Committee meetings

▶ 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: _____