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STATEMENT OF ECONOMIC INTERESTS

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RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

DAVID H. YAMASAKI  
Chief Executive Officer/Clerk  
Superior Court of CA County of Santa Clara  
BY MAHALIA DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) 2013 FEB 28 AM 11:20 (FIRST) 20  
Kleinberg James Paul  
(MIDDLE)

1. Office, Agency, or Court

Agency Name  
Superior Court  
Division, Board, Department, District, if applicable  
County of Santa Clara  
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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County 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.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- 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]

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge and understand the contents of this statement and the schedules attached hereto.

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

Date Signed 02/25/2013  
(month, day, year)

[Redacted Signature Area]

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

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <b>James Paul Kleinberg</b>

▶ NAME OF BUSINESS ENTITY  
Google, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Internet Search

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  
Corporate Property Associates

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Real estate investment trust

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  
Gilead Scientific

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Biotechnology

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  
Madison Harbor Balanced Strategies

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Real estate limited partnership

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  
Facebook

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Social media

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  
Power Shares DB G10 Currency Fund

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      05 / 16 / 12  
 ACQUIRED                      DISPOSED

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <b>James Paul Kleinberg</b>

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
John S. and James L. Knight Foundation

ADDRESS (Business Address Acceptable)  
200 S. Biscayne Blvd., Miami, FL 33131

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Charitable foundation

YOUR BUSINESS POSITION  
\_\_\_\_\_

---

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

---

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %     None    \_\_\_\_\_

SECURITY FOR LOAN

None       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D**  
**Income - Gifts**

Name  
**James Paul Kleinberg**

▶ NAME OF SOURCE (Not an Acronym)  
**Association of Business Trial Lawyers**

ADDRESS (Business Address Acceptable)  
**P.O.Box 696, Pleasanton, CA 94566**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-profit professional association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 12	\$ 90	Dinner ticket
03 / 13 / 12	\$ 90	Dinner ticket
05 / 08 / 12	\$ 90	Dinner ticket

▶ 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)  
**Association of Business Trial Lawyers**

ADDRESS (Business Address Acceptable)  
**P.O.Box 696, Pleasanton, CA 94566**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-profit professional association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 12	\$ 90	Dinner ticket
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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 D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
 Garden Court Hotel

---

ADDRESS *(Business Address Acceptable)*  
 520 Cowper St., Palo Alto, CA

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Hotel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 07 / 12	\$ 150	Charity Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

---

ADDRESS *(Business Address Acceptable)*

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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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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**

Name  
James Paul Kleinberg

- 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 Inns of Court - Ingram Chapter

ADDRESS (Business Address Acceptable)  
50 W San Fernando St

CITY AND STATE  
San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Non-profit legal educational

DATE(S): 10 / 21 / 12 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 1,670.00  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Attended Celebration Dinner - US Supreme Court

▶ NAME OF SOURCE (Not an Acronym)  
American College Business Court Judges

ADDRESS (Business Address Acceptable)  
3301 Fairfax Drive

CITY AND STATE  
Arlington, VA 22201

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Non-profit legal educational

DATE(S): 11 / 12 / 12 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 1,411.00  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Annual member meeting

▶ NAME OF SOURCE (Not an Acronym)  
State Bar of California

ADDRESS (Business Address Acceptable)  
180 Howard Street

CITY AND STATE  
San Francisco, CA

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

DATE(S): 06 / 23 / 12 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 100.00  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

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

▶ NAME OF SOURCE (Not an Acronym)  
State Bar of California

ADDRESS (Business Address Acceptable)  
180 Howard Street

CITY AND STATE  
San Francisco, CA

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

DATE(S): 11 / 04 / 12 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 500.00  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
ExCom Annual Retreat

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

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

Name  
 James Paul Kleinberg

- 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)  
 State Bar of California

ADDRESS (Business Address Acceptable)  
 180 Howard Street

CITY AND STATE  
 San Francisco, CA

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

DATE(S): 06 / 23 / 12 . \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 100.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Attend Hall of Fame Dinner

▶ NAME OF SOURCE (Not an Acronym)  
 Administrative Office of the Courts

ADDRESS (Business Address Acceptable)  
 455 Golden Gate Avenue

CITY AND STATE  
 San Francisco, CA

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

DATE(S): 11 / 09 / 12 . \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 355.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Complex Civil Litigation Symposium - Los Angeles

▶ NAME OF SOURCE (Not an Acronym)  
 Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)  
 P.O.Box 696

CITY AND STATE  
 Pleasanton, CA 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Non-profit professional association

DATE(S): 04 / 22 / 12 . \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 500.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Board of Directors Meeting + Presentations

▶ NAME OF SOURCE (Not an Acronym)  
 Association of Business Trial Lawyers

ADDRESS (Business Address Acceptable)  
 P.O.Box 696

CITY AND STATE  
 Pleasanton, CA 94566

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Non-profit professional association

DATE(S): 09 / 23 / 12 . \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 750.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Board of Directors Meeting + Presentations

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

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

Name  
 James Paul Kleinberg

- 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)  
 Los Angeles County Bar Association

ADDRESS (Business Address Acceptable)  
 1055 West Seventh Street, Suite 2700

CITY AND STATE  
 Los Angeles, CA 90055

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

DATE(S): 11 / 09 / 12 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 750.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Complex Civil Litigation Symposium - Hotel charges  
and related expenses

▶ 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: \_\_\_\_\_