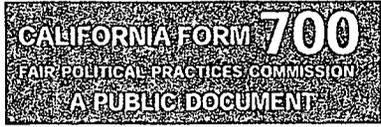


GZ AN



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

FEB 28 2013

CLERK OF THE COURT BY: [Signature] Deputy Clerk

Please type or print in ink.

2013 MAR -4 AM 8:33

NAME OF FILER (LAST) (FIRST) (MIDDLE) KRAMER RICHARD ALAN

1. Office, Agency, or Court

Agency Name SUPERIOR COURT JUDGE Division, Board, Department, District, if applicable 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 Multi-County City of Judge or Court Commissioner County 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) The period covered is January 1, 2012, through the date of leaving office. Assuming Office: Date assumed The period covered is the date of leaving office. Candidate: Election year and office sought, if different than Part 1:

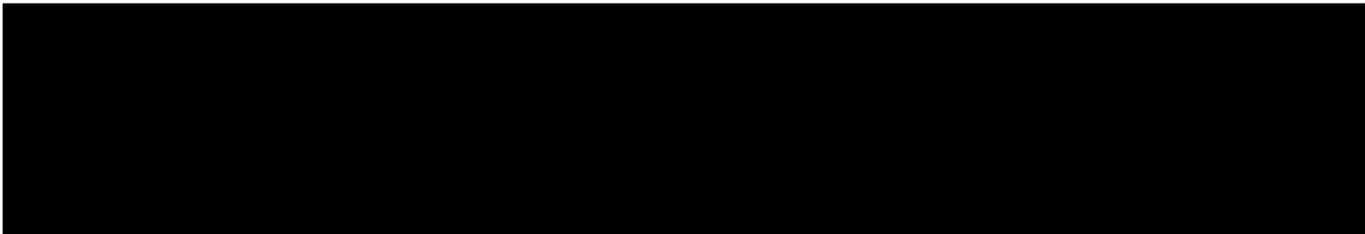
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 5

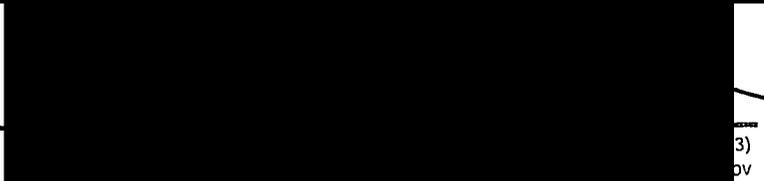
- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments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

5. Verification



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

Date Signed 3-1-13 (month, day, year)



SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
555 GOLDEN GATE AVE

CITY
SAN FRANCISCO 94102

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

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
MAITAI INVESTORS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
RICHARD KEAMER

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
THE ROTTER GROUP

ADDRESS (Business Address Acceptable)
15760 VENTURA BLVD, ENCINO, CA 91436

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEGAL EDUCATION

YOUR BUSINESS POSITION
TEACHING

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 **HONORARIA**
(Describe)

NAME OF SOURCE OF INCOME
XOMA

ADDRESS (Business Address Acceptable) **ST.**
2910 SEVENTH ~~ST~~ BERKELEY, CA 94710

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BIOTECHNOLOGY

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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)
AMERICAN CONFERENCE INSTITUTE
 ADDRESS (Business Address Acceptable)
45 WEST 25TH ST., 11TH FL.
 CITY AND STATE
NEW YORK, NY
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
PROFESSIONAL EDUCATION
 DATE(S): ____/____/____ AMT. \$ **554.80**
 (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)
THE RUTTER GROUP
 ADDRESS (Business Address Acceptable)
15760 VENTURA BLVD
 CITY AND STATE
ENCINO, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
LEGAL EDUCATION
 DATE(S): ____/____/____ AMT. \$ **474.60**
 (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)
AMERICAN CONFERENCE INSTITUTE
 ADDRESS (Business Address Acceptable)
SEE ABOVE
 CITY AND STATE
SEE ABOVE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
SEE ABOVE
 DATE(S): ____/____/____ AMT. \$ **628.20**
 (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)
AMERICAN CONFERENCE INSTITUTE
 ADDRESS (Business Address Acceptable)
SEE ABOVE
 CITY AND STATE
SEE ABOVE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
SEE ABOVE
 DATE(S): ____/____/____ AMT. \$ **606.20**
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

Name
RICHARD KRAMER

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)
HARRIS MARTIN LITIGATION CONF.

ADDRESS (Business Address Acceptable)
900 W. SPROUL RD., St. 101

CITY AND STATE
SPRINGFIELD, PA

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

DATE(S) _____ AMT. \$ **816.12**
(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)
HB LITIGATION CONFERENCES

ADDRESS (Business Address Acceptable)
1175 LANCASTER AVE.

CITY AND STATE
BERWYN, PA

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

DATE(S) _____ AMT. \$ **763.80**
(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: _____