

AN



GZ

RECEIVED FILED 2-25-2013 STATEMENT OF ECONOMIC INTERESTS JUEIRO, CLERK Date Received Official Use Only

COVER PAGE 2013 MAR -7 AM 10:16 By [Signature] DEPUTY

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE) KRONLUND BARBARA AYSHA

1. Office, Agency, or Court

Agency Name SUPERIOR COURT, SAN JOAQUIN
Division, Board, Department, District, if applicable STOCKTON BRANCH, SUPERIOR COURT 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 [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: [checked] 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: 5
Schedule A-1 - Investments - schedule attached [checked]
Schedule A-2 - Investments - schedule attached [checked]
Schedule B - Real Property - schedule attached []
Schedule C - Income, Loans, & Business Positions - schedule attached [checked]
Schedule D - Income - Gifts - schedule attached []
Schedule E - Income - Gifts - Travel Payments - schedule attached [checked]
None - No reportable interests on any schedule []

5. [Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that the information herein and in any attached schedules is true and complete. I understand that any false or misleading information may constitute a crime.

Date Signed 2/25/13 (month, day, year)

Which Schedule Do I Use?

Common Reportable Interests

- Schedule A-1: Stocks, including those held in an IRA or a 401K
- Schedule A-2: Business entities (including certain independent contracting), sole proprietorships, partnerships, LLCs, corporations, and trusts
- Schedule B: Rental property in the jurisdiction
- Schedule C: Non-governmental salaries of public official and spouse/registered domestic partner
- Schedule D: Gifts from non-family members (such as tickets to sporting or entertainment events)
- Schedule E: Travel payments from third parties (not your employer)

Common Non-Reportable Interests

- Schedule A-1/A-2: Insurance policies, government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. See Reference Pamphlet, page 12, for detailed information. (Regulation 18237)
- Schedule A-1/A-2: Savings and checking accounts and annuities
- Schedule B: A residence used exclusively as a personal residence (such as a home or vacation cabin)
- Schedule C: Governmental salary (such as a school district)
- Schedule D: Gifts from family members
- Schedule E: Travel paid by your government agency

Remember:

- ✓ Mark the "No reportable interests" box on Part 4 of the Schedule Summary on the Cover Page if you determine you have nothing to disclose and file the Cover Page only. **Make sure you carefully read all instructions to ensure proper reporting.**
- ✓ The Form 700 is a public document.
- ✓ **Most individuals must consult their agency's conflict-of-interest code for reportable interests.**
- ✓ Most individuals file the Form 700 with their agencies.

**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 <u>B. KRONLUND</u>

▶ NAME OF BUSINESS ENTITY
BROOKSIDE GOLF + COUNTRY CLUB

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COUNTRY CLUB

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 EQUITY MEMBERSHIP
(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
 \$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
BOWMAN INVESTMENT GROUP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LAND HOLDING

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
 \$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
CORNERSTONES COREPROPERTIES, INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMMERCIAL REAL ESTATE

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
 \$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

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
B. Kronlund

- 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 ASSOC.
 ADDRESS (Business Address Acceptable)
2520 VENTURE OAKS WAY, STE 150
 CITY AND STATE
SACRAMENTO, CA. 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 1/20/12, 12/15/12 AMT. \$ 3526.14
 (If gift)

TYPE OF PAYMENT (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
TRAVEL REIMBURSEMENT FOR
ETHICS COMM. + BOARD 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: _____