

AD

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
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JAN 28 2013

ALAN CARLSON, Clerk of the Court

GZ

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
COVER PAGE
CALIFORNIA
POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) Macias (FIRST) Elizabeth (MIDDLE) Guerrero
BY: [Signature] DEPUTY

2013 FEB 14 AM 9:43

1. Office, Agency, or Court

Agency Name
Superior Court of California County of Orange
Division, Board, Department, District, if applicable
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 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, 2011, through December 31, 2011.
-or-
The period covered is _____, through December 31, 2011.
 Assuming Office: Date assumed 12/28/2012
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
 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

► Total number of pages including this cover page: 4

5. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I have read the statement herein and in any attached schedules is true and complete. I acknowledge that this statement and any attached schedules are public records.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/28/13
(month, day, year)

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

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

Name
Elizabeth G. Macias

- 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
INECIP: Instituto de Estudios Comparados en Ciencias Políticas y Sociales

ADDRESS (Business Address Acceptable)
Colle. Talcahuano 256, Primer Piso, Buenos Aires, Argentina

CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ = 3,050.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Teaching - Faculty

▶ NAME OF SOURCE
California Western School of Law

ADDRESS (Business Address Acceptable)
225 Cedar St. San Diego, CA

CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 160.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Teaching Faculty "admission fee" to Argentina.

▶ NAME OF SOURCE
California Western School of Law

ADDRESS (Business Address Acceptable)
225 Cedar Street San Diego CA.

CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ = 330
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Teaching - Faculty

▶ NAME OF SOURCE

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: