

67

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

RECEIVED Date Received AUG 06 2013

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) Manley (FIRST) Stephen (MIDDLE) V

1. Office, Agency, or Court

Agency Name Superior Court
Division, Board, Department, District, if applicable 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, 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.
Assuming Office: Date assumed
Candidate: Election Year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2012, through the date of leaving office.

4. Schedule Summary

- 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
None - No reportable interests on any schedule

5. Verification



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

Date Signed 08/01/2013 (month, day, year) Signature

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)
 National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
 1029 North Royal Street, Suite 201
 CITY AND STATE
 Alexandria, Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Promotes Drug, Veteran and Treatment Courts
 DATE(S): 12 / 13 / 12 - 12 / 16 / 12 AMT: \$ 613.20
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only Board and Committee
Meetings on Policy and Education Treatment Courts

▶ 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

Filer's Verification
 Print Name Stephen V Manley
 Office, Agency or Court Superior Court
 Statement Type 2012/2013 Annual Assuming Leaving
 ____ (yr) Annual Candidate
 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed August 1, 2018
 Filer's Signature 

Comments: _____

AN

RECEIVED
MAR 01 2013
Date Received
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES
COVER PAGE

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

Please type or print in ink.

2013 MAR -5 AM 11:25

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Manley Stephen V

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 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, 2012, through December 31, 2012.
- or- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____
- 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.
- 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: 9

- 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. Verification

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

Date Signed 02/28/2013 Signature _____
(month, day, year)

SCHEDULE A-1

Investments

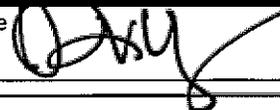
Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name



▶ NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Home Improvement

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
Pepsico

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Refreshments

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
Johnson and Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical and Pharmaceutical

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
Proctor and Gamble

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical and Pharmaceutical

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
JPMorgan Chase

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

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
Target Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Sales

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 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 [Signature]

NAME OF BUSINESS ENTITY: Schlumberger Limited
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Equipment
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Stryker
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Medical Technology
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: United Parcel Service
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Transportation and Delivery
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Wells Fargo
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Banking
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Verizon Communications
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Communications
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Irvine Ranch Water District
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Water
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Bond

Comments:

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 [Signature]

▶ NAME OF BUSINESS ENTITY
Santa Paula Utility

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT Bond
 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
Los Angeles Department of Water and Power

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Energy

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT Bond
 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
University of California

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Education

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT Bond
 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

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

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

- 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)
Administrative Office of the Courts
 ADDRESS (Business Address Acceptable)
455 Golden Gate Avenue
 CITY AND STATE
San Francisco, CA 94102
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Administers the Judiciary
 DATE(S): 11 / 28 / 12 - / / AMT: \$ 423.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only for AOC Veterans Task Force Meeting in San Diego, CA

▶ NAME OF SOURCE (Not an Acronym)
Forensic Mental Health Association of California
 ADDRESS (Business Address Acceptable)
665 Third Street, Suite 516
 CITY AND STATE
San Francisco, CA, 94107
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Provide education and support treatment
 DATE(S): 03 / 22 / 12 - 03 / 23 / 12 AMT: \$ 150.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only for panel presentation on PTSD and Veterans Treatment Courts

▶ NAME OF SOURCE (Not an Acronym)
National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
1029 North Royal Street, Suite 201
 CITY AND STATE
Alexandria Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes Drug, Veteran and other Treatment Courts
 DATE(S): 11 / 19 / 12 - 11 / 20 / 12 AMT: \$ 650.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and Lodging only to meet and prepare national plan for implementation of treatment courts

▶ NAME OF SOURCE (Not an Acronym)
Montana Court Administrators Office
 ADDRESS (Business Address Acceptable)
Room 328, Park Avenue Building, 301 South Park
 CITY AND STATE
Helena, Montana 59620
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Administration for the Judiciary
 DATE(S): 04 / 12 / 12 - 04 / 13 / 12 AMT: \$ 600.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only for panel presentation on evidence based practices in Drug Courts

Comments: _____

Name *[Signature]*

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)
Administrative Office of the Courts
 ADDRESS (Business Address Acceptable)
455 Golden Gate Avenue
 CITY AND STATE
San Francisco, CA 94102
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Administers the Judiciary
 DATE(S): 04 / 20 / 12 - 04 / 21 / 12 AMT: \$ 504.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and Lodging only Homeless Conference Court Collaboration

▶ NAME OF SOURCE (Not an Acronym)
National Alliance on Mental Illness San Luis Obispo
 ADDRESS (Business Address Acceptable)
P.O. Box 3158
 CITY AND STATE
San Luis Obispo, CA 93403
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Mental Health Education and Support
 DATE(S): 05 / 02 / 12 - 05 / 03 / 12 AMT: \$ 120.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Lodging only Conference on mentally ill offenders under California realignment Initiative

▶ NAME OF SOURCE (Not an Acronym)
National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
1029 North Royal Street, Suite 201
 CITY AND STATE
Alexandria, Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes Drug, Veteran and other Treatment Courts
 DATE(S): 04 / 23 / 12 - 04 / 24 / 12 AMT: \$ 603.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and Lodging only Policy meeting to expand treatment courts and Board Committee Meeting

▶ NAME OF SOURCE (Not an Acronym)
U.S. Substance Abuse and Mental Health Services
 ADDRESS (Business Address Acceptable)
P.O. Box 2345
 CITY AND STATE
Rockville Maryland, 20847
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Fed. Agency for Substance Abuse and Mental Health
 DATE(S): 09 / 17 / 12 - 09 / 18 / 12 AMT: \$ 528.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only Presentation on Mentally Challenged Offenders In the Courts

Comments: _____

Name [Signature]

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)
National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
1029 North Royal Street, Suite 201
 CITY AND STATE
Alexandria Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes Drug, Veteran and Treatment Courts
 DATE(S): 05 / 27 / 12 - 06 / 02 / 12 AMT: \$ 1,550.00
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description
Travel and lodging only Two National Drug Court Education Conferences and Board Meeting

▶ NAME OF SOURCE (Not an Acronym)
National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
1029 North Royal Street, Suite 201
 CITY AND STATE
Alexandria, Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes Drug, Veteran and Treatment Courts
 DATE(S): 12 / 13 / 12 - 12 / 16 / 12 AMT: \$ _____
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Travel and lodging only Board and Committee Meetings on Policy and Education Treatment Courts

▶ NAME OF SOURCE (Not an Acronym)
National Association of Drug Court Professionals
 ADDRESS (Business Address Acceptable)
1029 North Royal Street, Suite 201
 CITY AND STATE
Alexandria Virginia 22314
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Promotes Drug, Veteran and Treatment Courts
 DATE(S): 03 / 09 / 12 - 03 / 10 / 12 AMT: \$ 673.00
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated In a Panel
 Other - Provide Description
Travel and lodging only Panel to draft National Guidelines for Post Sentence Reentry Courts

▶ 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: _____