

AN

RECEIVED  
Date Received  
FEB 14 2013  
Office of  
FPC

GZ

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) 2013 FEB 22 PM 1:20 (FIRST) (MIDDLE)  
Monroy Richard Raymond

1. Office, Agency, or Court

Agency Name  
SAN DIEGO SUPERIOR COURT  
Division, Board, Department, District, if applicable  
Your Position  
JUDGE OF THE SUPERIOR COURT

► 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.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- or-
- Multi-Annual: The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: 2

- 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
- or-
- None - No reportable interests on any schedule

5. Verification

[Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I have read this statement and the attached schedules and understand the contents thereof.

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

Date Signed 2-12-13  
(month, day, year)

**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)  
 California Judges Association

---

ADDRESS (Business Address Acceptable)  
 88 Kearny Street

---

CITY AND STATE  
 San Francisco, CA 94108

---

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

---

DATE(S): 11 / 11 / 12 - 11 / 12 / 12 AMT: \$ 400.00  
 (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

---

▶ 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: \_\_\_\_\_