

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER  
Date Received  
Official Use Only  
**FEB 21 2013**

ALAN CARLSON, Clerk of the Court

Please type or print in ink.

NAME OF FILER (LAST) NAKAMURA (FIRST) PHILIP (MIDDLE) HARUO  
BY: [Signature] DEPUTY

**1. Office, Agency, or Court**

Agency Name SUPERIOR COURT, ORANGE CO. SUPERIOR Ct. 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.
- 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 \_\_\_\_\_, 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: 4

- 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. [Redacted Signature Area]

I have used all reasonable diligence in preparing this statement. I certify that the information 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 2/20/13  
(month, day, year)

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



**SCHEDULE D**  
**Income - Gifts**

Name  
Nakamura, Kirk

▶ NAME OF SOURCE (Not an Acronym)  
OC BAR ASSN

ADDRESS (Business Address Acceptable)  
P.O. Box 17777 IRVINE, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
BAR ASSN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/19/12</u>	<u>\$ 100</u>	<u>DINNER</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

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

Name  
Nakamura, Kirk

- 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)  
GEORGE MASON SCHOOL OF LAW

ADDRESS (Business Address Acceptable)  
3301 FAIRFAX DR.

CITY AND STATE  
ARLINGTON, VA 22201

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

DATE(S): 11/11/12, 11/13/12 AMT: \$ 1000.00  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
CIVIL LAW SYMPOSIUM

▶ NAME OF SOURCE (Not an Acronym)  
GEORGE MASON SCHOOL OF LAW

ADDRESS (Business Address Acceptable)  
3301 FAIRFAX DR.

CITY AND STATE  
ARLINGTON, VA 22201

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

DATE(S): 12/2/12, 12/7/12 AMT: \$ 2500.00  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
WK 2. ECONOMICS INSTITUTE

▶ NAME OF SOURCE (Not an Acronym)  
AM. BUSINESS MIAL LAWYERS - O.C.

ADDRESS (Business Address Acceptable)  
8502 E. CHAPMAN AVE, STE 443

CITY AND STATE  
ORANGE, CA 92869

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

DATE(S): 9/19/12, 9/22/12 AMT: \$ 2000.00  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description  
ABFL ANNUAL SEMINAR

▶ 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: \_\_\_\_\_