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STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) 2012 MAR 1 AM 10:41 (FIRST) (MIDDLE)  
SWOPE III VIRGIL RAYMOND

1. Office, Agency, or Court

Agency Name  
Superior Court of California, County of San Mateo  
Division, Board, Department, District, if applicable  
Your Position  
Judge

► If filing for multiple positions, list below or on an attachment.

Agency: San Mateo County Law Library- Board of Trustees Position: Trustee

2. Jurisdiction of Office (Check at least one box)

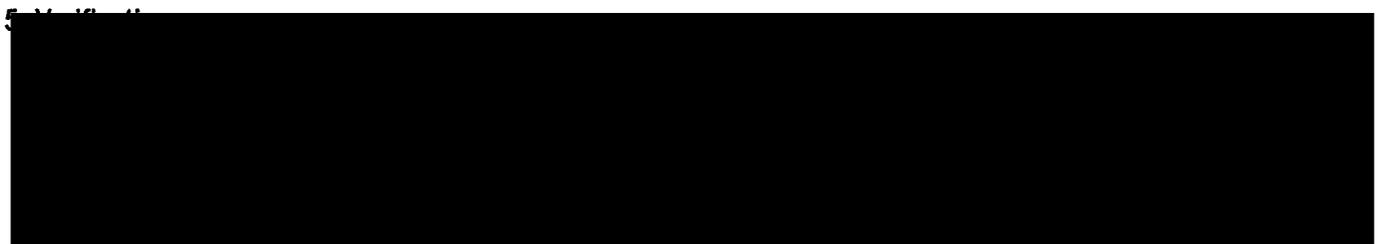
State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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.  
 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: 3**  
 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/22/2013  
(month, day, year)



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

▶ NAME OF SOURCE (Not an Acronym)  
**San Mateo County Bar Association**

ADDRESS (Business Address Acceptable)  
**333 Bradford Street, Suite 200, Redwood City, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Women Lawyers Spring Judges' Luncheon**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 12	\$ 48	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Mateo County Bar Association**

ADDRESS (Business Address Acceptable)  
**333 Bradford Street, Suite 200, Redwood City, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Women Lawyers Holiday Luncheon**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 12	\$ 45	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Mateo County Bar Association**

ADDRESS (Business Address Acceptable)  
**333 Bradford Street, Suite 200, Redwood City, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Judges' Night**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 07 / 12	\$ 65	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Mateo County Bar Association**

ADDRESS (Business Address Acceptable)  
**333 Bradford Street, Suite 200, Redwood City, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Premier Diversity Event**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 12	\$ 30	hors d'oeuvres
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Consumer Attorneys of California**

ADDRESS (Business Address Acceptable)  
**770 L Street, Suite 1200, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**2012 San Mateo Judges' Night**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 12	\$ 100	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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