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FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
Official Use Only

FEB 27 2013

ALAN CARLSON, Clerk of the Court

BY: JOHN (MIDDLE) DEPUTY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
COVER PAGE
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) WILSON
2013 MAR 11 (FIRST) PM 1:13
PETER
BY: JOHN (MIDDLE) DEPUTY

1. Office, Agency, or Court

Agency Name
SUPERIOR COURT, ORANGE COUNTY
Division, Board, Department, District, if applicable
Your Position
SUPERIOR COURT JUDGE

► 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.
- 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: 6

- 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]

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

Date Signed 2/26/13
(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

PETER JOHN WILSON

▶ NAME OF BUSINESS ENTITY
P.E. PARNTERS III, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTS IN BUSINESS VENTURES

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

NATURE OF INVESTMENT **LTD. LIAB. CO. INTEREST**
 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
VP FUND INVESTMENTS 2004, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTS IN BUSINESS VENTURES

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

NATURE OF INVESTMENT **LTD. LIAB. CO. INTEREST**
 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
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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IF APPLICABLE, LIST DATE:
____/____/12 ____/____/12
ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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 \$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 D
Income - Gifts

Name
PETER JOHN WILSON

▶ NAME OF SOURCE (Not an Acronym)
ASSOCIATION OF BUSINESS TRIAL LAWYERS

ADDRESS (Business Address Acceptable)
8502 E CHAPMAN AVE, #443, ORANGE, CA 92869

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 12	\$ 50.00	DINNER @ MEETING
04 / 04 / 12	\$ 50.00	DINNER @ MEETING
06 / 06 / 12	\$ 50.00	DINNER @ MEETING

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA JUDGES' ASSOCIATION

ADDRESS (Business Address Acceptable)
2520 VENTURE OAKS, SACRAMENTO, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 12	\$ 35.00	BRKFST@RETREAT
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY BAR ASSOCIATION

ADDRESS (Business Address Acceptable)
P.O. BOX 6130, NEWPORT BEACH, CA 92658

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	\$ 50.00	DINNER@FUNCTION
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA JUDGES' ASSOCIATION

ADDRESS (Business Address Acceptable)
2520 VENTURE OAKS, SACRAMENTO, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 5.00	DRINK@MEETING
10 / 14 / 12	\$ 48.00	LUNCH@MEETING
11 / 09 / 12	\$ 75.00	DINNER@RETREAT

▶ 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: _____

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)
 2520 VENTURE OAKS WAY STE 150

CITY AND STATE
 SACRAMENTO, CA 95833

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 677.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

REIMBURSEMENT OF TRAVEL EXPENSES FOR MEETINGS

▶ 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)
 ASSOCIATION OF BUSINESS TRIAL LAWYERS

ADDRESS (Business Address Acceptable)
 8502 E CHAPMAN AVE #443

CITY AND STATE
 ORANGE, CA 92869

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,320.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

REIMBURSEMENT OF TRAVEL EXPENSES FOR 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: _____