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STATEMENT OF ECONOMIC INTERESTS

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Page 8 of 10
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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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

Please type or print in ink.

NAME OF FILER (LAST) 2013 MAR -5 AM 11:32 (MIDDLE)
Yew Erica Robin

1. Office, Agency, or Court

Agency Name
California Superior Court
Division, Board, Department, District, if applicable
Santa Clara County
Your Position
Judge

► 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 Santa Clara
 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: 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

[Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that the information provided herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, including the provisions regarding the filing of this statement and the consequences of providing false information.

Date Signed 02/27/2013
(month, day, year)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Erica Yew
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- 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)
 The National Judicial College

ADDRESS (Business Address Acceptable)
 University of Nevada, Judicial College Building

CITY AND STATE
 Reno, NV 89557

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

DATE(S): 06 / 03 / 12 - 06 / 06 / 12 AMT: \$ 312.69
 (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)
 California Judges Association

ADDRESS (Business Address Acceptable)
 2520 Venture Oaks Way

CITY AND STATE
 Sacramento, CA 95833

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

DATE(S): 10 / 12 / 12 - 10 / 13 / 12 AMT: \$ 250.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

One night hotel, I no longer recall the amount, this is an approximate, the amount would not exceed \$250

▶ 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: _____