

CG
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Date Filed: Filing
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Office: 2015
FEB 19 2015
P

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Amador Robert O

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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. (Do not use acronyms)

Agency: _____

Position: _____

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PRACTICES COMMISSION
15 FEB 23 PM 2:33

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, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____, through December 31, 2014.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, 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

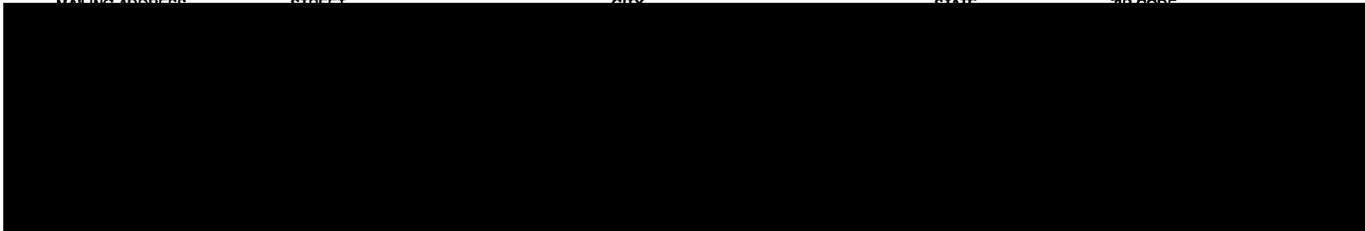
Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- 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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 02/17/2015
(month, day, year)



**SCHEDULE D
Income - Gifts**

Name
Amador, Roberto

▶ NAME OF SOURCE (Not an Acronym)
Ashkan King Aminpour

ADDRESS (Business Address Acceptable)
317 Ash Street, San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 14</u>	<u>\$ 200.00</u>	<u>Flowers after surgery</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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Comments: _____