

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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CAMPAIGN FINANCE DISCLOSURE SECTION
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FAIR POLITICAL PRACTICES COMMISSION

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NAME OF FILER (LAST) (FIRST)
BERLE ELIHU

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Superior Court
Division, Board, Department, District, if applicable
County of Los Angeles
Your Position
Judge

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
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, 2014, through December 31, 2014.
- or-
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: 3
- 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

[Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed February 23, 2015
(month, day, year)

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

Name
Elihu M. Berke

- 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) American Bar Assoc
National Conf. of State Trial Judges
ADDRESS (Business Address Acceptable)
321 N. Clark St
CITY AND STATE
Chicago Ill. 60654
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
bar / judicial association
DATE(S): 2/6/14 - 2/9/14 AMT: \$ 950.80
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description attendance at
executive board meetings;
reimbursement of expenses

▶ NAME OF SOURCE (Not an Acronym)
Assoc. of Business Trial Lawyers
ADDRESS (Business Address Acceptable)
8502 Chapman Ave
CITY AND STATE
Orange, CA 92869
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
bar association
DATE(S): 5/2/14 - 5/4/14 AMT: \$ 889.16
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description attendance at
board of governors meetings;
reimbursement of expense

▶ NAME OF SOURCE (Not an Acronym) American Bar
Business Law Section
ADDRESS (Business Address Acceptable)
321 N. Clark St
CITY AND STATE
Chicago, Ill 60654
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
bar association
DATE(S): 4/10/14 - 4/12/14 AMT: \$ \$684
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description judicial rep
to ABA Business Court comm.
reimbursement of expenses

▶ NAME OF SOURCE (Not an Acronym) American Bar Assoc
National Conf of State Trial Judges
ADDRESS (Business Address Acceptable)
321 N. Clark St
CITY AND STATE
Chicago, Ill 60654
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
bar assoc / judicial assoc.
DATE(S): 8/7/14 - 8/10/14 AMT: \$ 500
(if gift)
TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description attendance at
executive board meetings;
reimbursement of expense

Comments: _____

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

Name
Elihu M. Berk

- 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) Consumer Attorneys Assoc of L.A.
 ADDRESS (Business Address Acceptable) 800 W. 6th ST. #1700
 CITY AND STATE Los Angeles, CA.
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar association
 DATE(S): 8/30/14 AMT: \$ 301.28
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description presentation on panel of legal education; reimbursement of expenses

▶ NAME OF SOURCE (Not an Acronym) American Bar Business Law Section
 ADDRESS (Business Address Acceptable) 321 N. Clark St.
 CITY AND STATE Chicago, Ill. 60654
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
bar association
 DATE(S): 11/20/14 11/23/14 AMT: \$ 1,139.51
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description judicial rep. to ABA Business Court & Business Litigation Committees

▶ NAME OF SOURCE (Not an Acronym) Law & Economics Center
 ADDRESS (Business Address Acceptable) Geo. Mason Univ School of Law
 CITY AND STATE Fairfax, Va. 22201
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law School
 DATE(S): 9/1/14 9/16/14 AMT: \$ 1,112.01
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description expenses to cover judicial education program

▶ NAME OF SOURCE (Not an Acronym) _____
 ADDRESS (Business Address Acceptable) _____
 CITY AND STATE _____
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
 DATE(S): _____ AMT: \$ _____
(if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____