

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CAMPOS YVONNE 2015 MAR -4 EPM 1:48

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: _____

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. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ 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: 5**

- 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

5. [Redacted]

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

Date Signed 02/27/2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name
YVONNE E. CAMPOS

▶ NAME OF SOURCE *(Not an Acronym)*
California Judges Association

ADDRESS *(Business Address Acceptable)*
2520 Venture Oaks Way, Suite 150 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Donated Civil Pretrial Practice Guide

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 07 / 14	\$ 128.00	Book/Civil Pretrial
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Darla Montalto, Office of Commissioner of Baseball

ADDRESS *(Business Address Acceptable)*
245 Park Avenue, New York, NY 10167

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 29 / 14	\$ 105.00	Dodgers game ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Nadia Bermudez, Garcia Hernandez Sawhney & Ber

ADDRESS *(Business Address Acceptable)*
401 B Street, Suite 2010 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SDCBA Law Day Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 14	\$ 35.00	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Kerry Cosover, NFL Players Association

ADDRESS *(Business Address Acceptable)*
1133 20th St NW Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 14	\$ 210.00	Chargers game tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
West, A Thomson Reuters Business

ADDRESS *(Business Address Acceptable)*
610 Opperman Drive, Eagan, MN 55123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Donated full set of Sentencing California Crimes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 14	\$ 270.00	Book/Sent. CA Crimes
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Judge Margie Woods, San Diego Superior Court

ADDRESS *(Business Address Acceptable)*
P.O. Box 122724, San Diego, CA 92112-2724

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 14	\$ 150.00	SBCS Dinner Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
YVONNE E. CAMPOS

▶ NAME OF SOURCE *(Not an Acronym)*
Association of Business Trial Lawyers

ADDRESS *(Business Address Acceptable)*
4653 Carmel Mountain Road, Ste 308-211 San Diego

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association Membership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 14	\$ 50.00	Membership
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*
Harvard Alumni Association

ADDRESS *(Business Address Acceptable)*
1575 Massachusetts Ave Cambridge, MA 02138

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Harvard Alumni Association Elected Director Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 14	\$ 75.00	Dinner
02 / 07 / 14	\$ 45.00	Lunch
05 / 01 / 14	\$ 75.00	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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Harvard Alumni Association

ADDRESS *(Business Address Acceptable)*
1575 Massachusetts Ave Cambridge, MA 02138

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Harvard Alumni Association Elected Director Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 14	\$ 45.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

RECEIVED

MAR 2 2015

CG

CG

SCHEDULE C
Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2015 MAR - 5 PM 1:34

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: California Western School of Law
ADDRESS: 225 Cedar St., San Diego, CA 92101
BUSINESS ACTIVITY: Law School
YOUR BUSINESS POSITION: None
GROSS INCOME RECEIVED: \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Spouse's or registered domestic partner's income
Other: Adjunct Professor of Law

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Other

Comments: Box for "Spouse's or registered domestic partner's income" was not checked on form filed 2/27/15.

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN
Guarantor
Other

Filer's Verification

Print Name: YVONNE E. CAMPOS
Office, Agency or Court: SAN DIEGO SUPERIOR COURT
Statement Type: 2014/2015 Annual
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.
Date Signed: 03/02/2015
Filer's Signature: [Redacted]