

ORIGINAL

SUPREME COURT

FILED

Date Initial Filing

Received

MAR 10 2015

Frank A. McGuire

Frank A. McGuire Clerk

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

2015 MAR 12 AM 11:44

NAME OF FILER (LAST) Cuéllar (FIRST) Mariano-Florentino (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Supreme Court of California

Division, Board, Department, District, if applicable

Your Position

Associate Justice

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, County of, Other

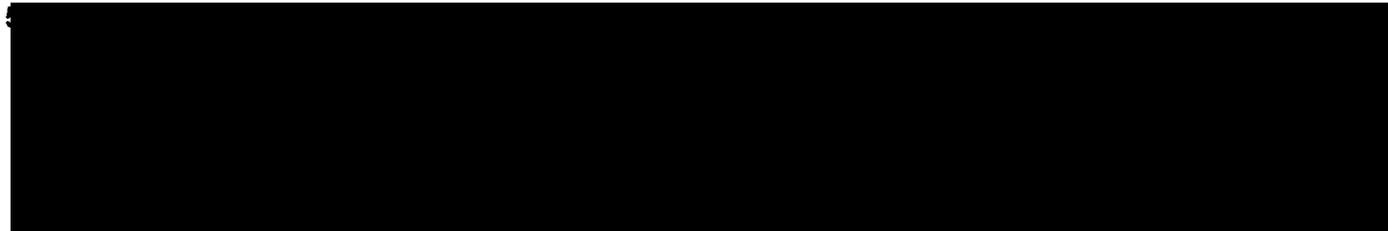
3. Type of Statement (Check at least one box)

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 4

- Schedule A-1, A-2, B, C, D, E, None



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 California

Date Signed 03/06/2015 (month, day, year)

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

2015 MAR 12 AM 11:45  
(Other than Gifts and Travel Payments)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Stanford University

ADDRESS (Business Address Acceptable)  
450 Serra Mall, Stanford, CA 94305

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
University

YOUR BUSINESS POSITION  
Law Professor and Institute Director, resigned 1/5/15

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Thomson/Reuters (West Publishing)

ADDRESS (Business Address Acceptable)  
3 Times Square, New York, NY 10036

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Publisher

YOUR BUSINESS POSITION  
Co-author of casebook

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other Royalties for casebook that I co-authored  
 (Describe)

**Comments:**

**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*                               | INTEREST RATE   | TERM (Months/Years) |
| _____   | _____ % <input type="checkbox"/> None                                     | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____                              | Street address      |
| _____   |   | _____               |
| HIGHEST BALANCE DURING REPORTING PERIOD       |   | City                |
| <input type="checkbox"/> \$500 - \$1,000      | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$1,001 - \$10,000   | <input type="checkbox"/> Other _____                                      | (Describe)          |
| <input type="checkbox"/> \$10,001 - \$100,000 |   |                     |
| <input type="checkbox"/> OVER \$100,000       |   |                     |

**Filer's Verification**

Print Name Mariano-Florentino Cuéllar      Office, Agency or Court Supreme Court of California

Statement Type     2014/2015 Annual     \_\_\_\_\_ Annual     Assuming     \_\_\_\_\_  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed 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 03/06/2015      Filer's Signature \_\_\_\_\_  
 (month, day, year)

STATEMENT OF ECONOMIC INTERESTS

ORIGINAL COVER PAGE

SUPREME COURT  
FILED  
Date Initial Filing Received  
Official Use Only  
MAR 02 2015  
Frank A. McGuire  
Frank A. McGuire Clerk  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cuéllar Mariano-Florentino

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Supreme Court of California

Division, Board, Department, District, if applicable Your Position  
Associate Justice

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2015 MAR 14 AM 10:32

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

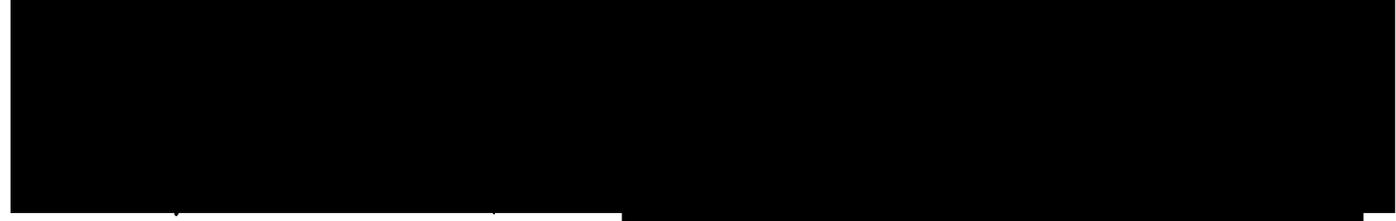
3. Type of Statement (Check at least one box)

- 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: 4
- 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. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/15  
(month, day, year)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Mariano-Florentino Cuéllar

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Stanford University

ADDRESS (Business Address Acceptable)  
 450 Serra Mall, Stanford, CA 94305

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 University

YOUR BUSINESS POSITION  
 Law Professor and Institute Director (resigned 1/5/15)

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 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 Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 Mariano-Florentino Cuéllar

▶ NAME OF SOURCE (Not an Acronym)  
California Foundation for Commerce and Education  
 ADDRESS (Business Address Acceptable)  
800 N. Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy)    | VALUE           | DESCRIPTION OF GIFT(S) |
|--------------------|-----------------|------------------------|
| <u>08, 26, 14</u>  | <u>\$ 240</u>   | <u>Lunch</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>           |

▶ 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>           |

▶ 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>           |

▶ 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>           |

▶ 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>           |

Comments: \_\_\_\_\_

Name  
 Mariano-Florentino Cuéllar

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

- 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)*  
Anthony M. Kennedy Inn of Court of Sacramento  
 ADDRESS *(Business Address Acceptable)*  
3200 Fifth Street  
 CITY AND STATE  
Sacramento, CA 95817  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Organization to improve professionalism and  
education among judges, lawyers, and law students  
 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  
 \_\_\_\_\_  
 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ 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: \_\_\_\_\_