



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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CG

COVER PAGE

2015 MAR -2 PM 2:17

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dabney James Richard
EXEC. OFFICER/CLERK
SUPERIOR COURT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Superior Court of Los Angeles

Division, Board, Department, District, if applicable

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

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: _____

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

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

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FAIR POLITICAL
PRACTICES COMMISSION
15 MAR 19 PM 3:11

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

NAME OF BUSINESS ENTITY: Apple Corp.
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY: Toyota Motor Corp.
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY: Whole Foods Market
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

Comments:

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

Name _____

- 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)
California Judges Association

ADDRESS (Business Address Acceptable)
2520 Ventura Oaks Way, Ste. 150

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): 02 / 22 / 14 - 12 / 06 / 14 AMT: \$ 440.95
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
meals ON 2/22, 4/26. 6/2, 7/12, 9/11 and 12/6

▶ NAME OF SOURCE (Not an Acronym)
California Judge Foundation

ADDRESS (Business Address Acceptable)
2520 Ventura Oaks Way, Ste. 150

CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

DATE(S): 05 / 15 / 14 - ____/____/____ AMT: \$ 381.48
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
CJF Board Meeting (travel expenses)

▶ 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: _____