

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DI CESARE JAMES ALAN CARLSON, Clerk of the Court
BY: [Signature] DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Superior Court STATE OF CALIFORNIA Judge
Division, Board, Department, District, if applicable Your Position

► 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)

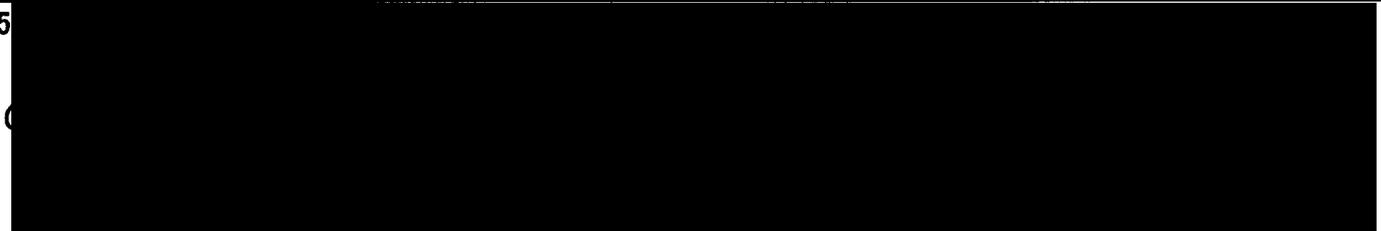
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- 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: 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



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

Date Signed 2-18-2015
(month, day, year)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)
 Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY
MORGAN STANLEY SMITH BARNEY

GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 10/28 / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
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IF APPLICABLE, LIST DATE:
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(Describe)
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income - Gifts

Name
JAMES J. DI CESARE

▶ NAME OF SOURCE (Not an Acronym)
WAYNE + CATHY LANCASTER

ADDRESS (Business Address Acceptable)
901 PALOMA RD. FULLERTON CA 92635

BUSINESS ACTIVITY, IF ANY, OF SOURCE
FRIENDS / ECONOMISTS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 5, 14	\$150.00	HOLIDAY PARTY
	APPROX.	
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY WOMEN LAWYER ASS

ADDRESS (Business Address Acceptable)
BAR ASS.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10, 23, 14	\$50.00	BAR EVENT
	APPROX	
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY BAR ASS.

ADDRESS (Business Address Acceptable)
4685 MACARTHUR

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 16, 14	\$125.00	JUDGES NIGHT /
	APPROX.	INSTALLATION OF
		OFFICERS.
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ASS. OF BUSINESS TRIAL LAWYERS

ADDRESS (Business Address Acceptable)
ORANGE CA 92862

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 MEETINGS	\$	BOARD + SEMINAR
2-5/14-9/16-14	\$150.00	MEETINGS.
9-10/11-5	APPROX	
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ORANGE COUNTY TRIAL LAWYERS

ADDRESS (Business Address Acceptable)
92653

BUSINESS ACTIVITY, IF ANY, OF SOURCE
25602 ALICA PKY #405 LAGUNA HILLS CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 12, 14	\$25.00	HOLIDAY PARTY LUNCHEON
3 MEETINGS	\$	
	\$75.00	SEMINAR MEETING
	APPROX	SPEAKS AT ONE
6, 10, 14	\$50.00	MEETING.
	APPROX.	PAST PRESIDENT
2-1-14	100.00	NIGHT.
	APPROX.	JUDGES NIGHT /
		INSTALLATION OF
		BOARD + OFFICERS

Comments: _____

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN BOARD OF TRIAL LAWYERS

ADDRESS (Business Address Acceptable)
301 West 1st St. TUSTIN CA 92780-

BUSINESS ACTIVITY, IF ANY, OF SOURCE
3108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BAR ASS.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10, 7, 14	\$55.00	JUDGES NIGHT /
	APPROX	ALVARADO NIGHT.
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

Name
JAMES J. DiCESARE.

- 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)
ASS OF BUSINESS TRIAL LAWYERS, D.C.

ADDRESS (Business Address Acceptable)
8502 E. CHAPMAN AVE # 443

CITY AND STATE
ORANGE CA 92869

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

DATE(S): 10/13/14 - 10/19/14 AMT: \$ 2,718.16
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel SESSION SPEAKER

Other - Provide Description ANNUAL EDUCATION SEMINAR AND BOARD MEETING; MEMBER OF THE BOARD; EDUCATION; BOARD; REGISTRATION FEE; TRAVEL; LODGING; FOOD

▶ NAME OF SOURCE (Not an Acronym)
INLAND EMPIRE TRIAL LAWYERS, D.C. TRIM LAKES

ADDRESS (Business Address Acceptable)
CONSUMER AFFAIRS OF CA. CO SPONSORED EVENT SEMINAR.

CITY AND STATE
770 L. STREET, SACRAMENTO CA 925914

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

DATE(S): 4/4/14 - 4/6/14 AMT: \$ \$400.00
 (If gift) APPROX.

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description ROOM + DINNER

▶ NAME OF SOURCE (Not an Acronym)
ASS OF BUSINESS TRIAL LAWYERS, D.C.

ADDRESS (Business Address Acceptable)
8502 E. CHAPMAN AVE # 443

CITY AND STATE
ORANGE CA 92869

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

DATE(S): 5/12/14 - 5/14/14 AMT: \$ 513.76
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel BOARD MEMBER

Other - Provide Description JOINT BOARD MEETING, RETREAT, LODGING, TRAVEL, FOOD.

▶ 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: _____