

FEB 27 2015

Please type or print in ink.

NAME OF FILER (LAST) HARRY (FIRST) CLERK OF THE COURT (MIDDLE)
DORFMAN BY: MARK Deputy Clerk

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SAN FRANCISCO SUPERIOR COURT
Division, Board, Department, District, if applicable
CRIMINAL DIVISION -- DEPT. 12
Your Position
JUDGE
Agency: _____ Position: _____
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
15 MAR 19 PM 3:16

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN FRANCISCO
 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. 3**

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

Date Signed FEB. 26, 2015
(month, day, year)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME SAN FRANCISCO LAW SCHOOL	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) 20 HAIGHT ST. / SAN FRANCISCO / CA 94102	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE LAW SCHOOL	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION TEACHER	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ (Describe)	_____ (Describe)
<input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ Street address	
<input type="checkbox"/> \$500 - \$1,000	_____ City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ (Describe)	
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Alex Saldamando

ADDRESS *(Business Address Acceptable)*
 c/o ADR 100 First St. 27th Flr / SF 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Mediation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 14	\$ 146.00	2 baseball tickets
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ 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)*

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)*

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)*

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)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: _____