

Please type or print in ink.

NAME OF FILER (LAST) HARRY (FIRST) MARK (MIDDLE)  
ELIAS

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: Children's Justice Act Task Force

Position: Member, Chair

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

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

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

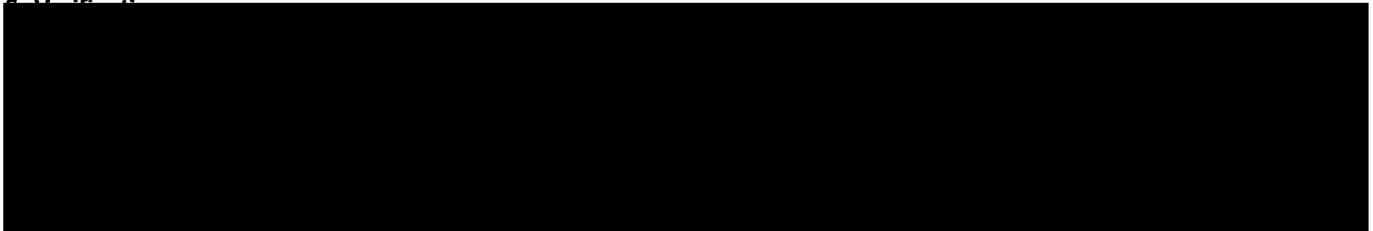
- Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is through December 31, 2014.
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2014, through the date of leaving office.
The period covered is through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of

Date Signed 02/25/2015 (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.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>Elias, Amy M.</u>
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▶ NAME OF BUSINESS ENTITY  
Callaway Golf

GENERAL DESCRIPTION OF THIS BUSINESS  
Golf Club/Ball Manufacturing

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      \_\_\_\_\_/\_\_\_\_\_/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)  
 Partnership       Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14      \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED      DISPOSED

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Harry M. Elias
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- 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)  
Judicial Council

ADDRESS (Business Address Acceptable)  
455 Golden Gate

CITY AND STATE  
San Francisco, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Judicial Trainings, Group Meetings

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 483.17  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement - travel expenses, instructor - Judicial Education; attend VAWEP meetings

▶ NAME OF SOURCE (Not an Acronym)  
California - Children's Justice Act

ADDRESS (Business Address Acceptable)  
3650 Schriever Avenue

CITY AND STATE  
Mather, CA 95655

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CJA Task Force Meeting

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1,404.36  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement - travel expenses to attend annual CJA Grantee's Meeting

▶ NAME OF SOURCE (Not an Acronym)  
Fundacion Ampara Y Justicia

ADDRESS (Business Address Acceptable)  
Antonio Bellet 444, Office 1104

CITY AND STATE  
Providencia, Sanitago, Chile

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

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement - travel, hotel, meals - Judicial Training of Chilean Judges (child witnesses)

▶ 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: \_\_\_\_\_