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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

DAVID H. YAMASAKI

Chief Executive Officer/Clerk
Superior Court of CA County of Santa Clara
DEPUTY

CG

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
EMEDE JULIA ANN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUPERIOR COURT OF THE STATE OF CALIFORNIA

Division, Board, Department, District, if applicable

COUNTY OF SANTA CLARA

Your Position

JUDGE

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

Agency: COUNTY OF SANTA CLARA - DOMESTIC VIOLENCE COUNCIL
Position: COMMISSIONER

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

- State
- Multi-County
- City of
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SANTA CLARA (FOR DV COUNCIL)
- Other

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

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

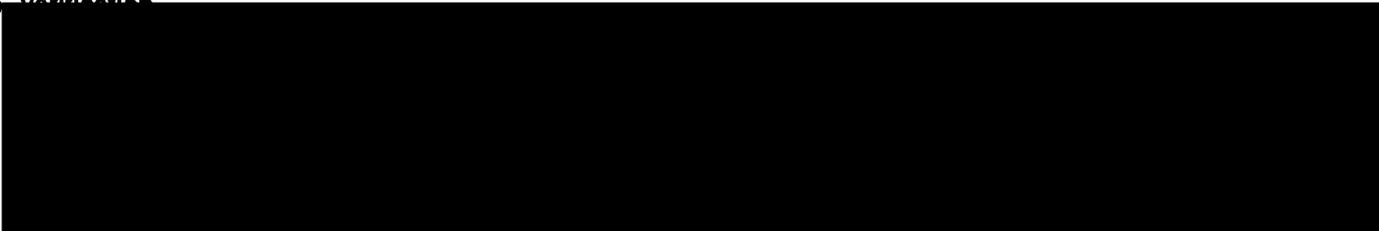
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- 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
- 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 3/1/15
(month, day, year)

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

Name
EMEDE, JULIA ANN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SONY CORPORATION OF AMERICA

ADDRESS (Business Address Acceptable)
1730 N. FIRST STREET, SAN JOSE, CA 95112

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ELECTRONICS MANUFACTURER

YOUR BUSINESS POSITION
SPOUSE'S POSITION - MARKETING MANAGER

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
SONY ELECTRONICS

ADDRESS (Business Address Acceptable)
1730 N. FIRST STREET, SAN JOSE, CA 95112

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ELECTRONICS MANUFACTURER

YOUR BUSINESS POSITION
SPOUSE'S POSITION - MARKETING MANAGER

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 OF SOURCE (Not an Acronym)
Santa Clara County Bar Association
 ADDRESS (Business Address Acceptable)
31 No. Second Street, 4th Floor, San Jose, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/22/14</u>	<u>\$ 75⁰⁰</u>	<u>JUDGES' NIGHT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AMERICAN ACADEMY OF MATHEMATICAL LAWYERS -
 ADDRESS (Business Address Acceptable) NORTHERN CALIFORNIA
150 N. MICHIGAN AVE., SUITE 1420,
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CHICAGO, IL 60601

NATIONAL BAR ASSOCIATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/19/14</u>	<u>\$ 75⁰⁰</u>	<u>JUDGES' DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

* ESTIMATED

▶ 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: _____

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

Name
 EMEDE, JULIA ANN

- 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)
 FIRST FIVE

ADDRESS (Business Address Acceptable)
 4000 Moorpark Ave., Suite 200

CITY AND STATE
 San Jose, CA 95117

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 EDUCATION & INFORMATION SHARING

DATE(S): 05 / 27 / 14 - 05 / 31 / 14 AMT: \$ 732.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description FLIGHT AND HOTEL FOR ATTENDANCE AT NADCP CONFERENCE

** AMOUNT ESTIMATED BASED ON BEST INFORMATION AVAILABLE*

▶ 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: _____