

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) Fisher (FIRST) Tia (MIDDLE) EXEC. OFFICER/CLERK LA. SUPERIOR COURT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles County Superior Court, 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: _____

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

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

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

- [X] Annual: The period covered is January 1, 2014, through December 31, 2014.
-or- The period covered is through December 31, 2014.
[] 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.
[] Assuming Office: Date assumed
[] 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 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
[X] Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
[] None - No reportable interests on any schedule

5. Verification

1427 West Covina Park way West Covina CA 91790

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

Date Signed

2/23/15

(month, day, year)

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

Name
Tia Graves Fisher

- 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 Education Program

ADDRESS (Business Address Acceptable)
George Mason School of Law

CITY AND STATE 3301 Fairfax Drive
Arlington, Virginia

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

DATE(S): 3, 16, 14 - 3, 17, 14 AMT: \$ 527.93
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Attended George Mason
JEP Program, Dana Point, CA

▶ 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: _____