

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
CG

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FAIR POLITICAL PRACTICES COMMISSION
CLERK OF THE SUPERIOR COURT
SAN MATEO COUNTY
2015 MAR -5 PM 1:38
2-25-15
RJM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
FRANCHI DON RANDAL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO
Division, Board, Department, District, if applicable
Your Position
JUDGE

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)

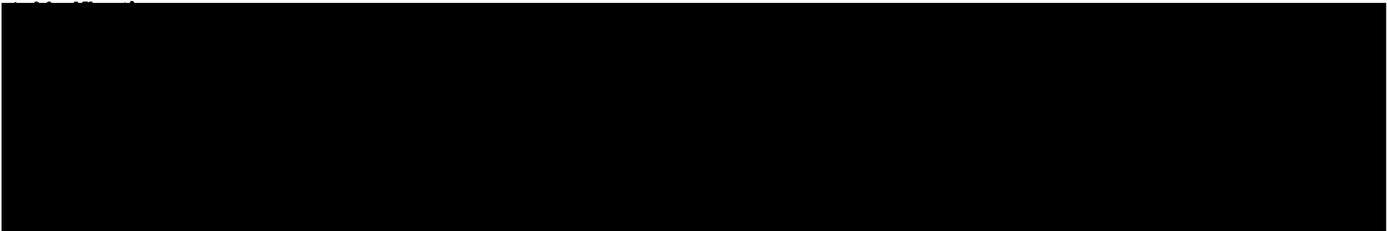
- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

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: _____
- 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



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

Date Signed 2/19/15
(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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name DON FRANCHI

▶ NAME OF BUSINESS ENTITY
FORD

GENERAL DESCRIPTION OF THIS BUSINESS
Automotive

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
Vivus

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical

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
Vodafone

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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
At&T

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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
ARENA Pharmaceuticals

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical

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
OREXIGEN THERAPEUTICS

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical

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:
04 / **08** / **14** _____ / _____ / **14**
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name DON FRANCHI

▶ NAME OF SOURCE (Not an Acronym)
San Mateo County Bar Association

ADDRESS (Business Address Acceptable)
333 Bradford St., Suite 200, Redwood City

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 10 / 14</u>	\$ <u>65.00</u>	<u>Dinner</u>
<u>05 / 19 / 14</u>	\$ <u>45.00</u>	<u>Lunch</u>
<u>06 / 12 / 14</u>	\$ <u>65.00</u>	<u>Dinner</u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
San Mateo County bar Association (Cont)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 10 / 14</u>	\$ <u>45.00</u>	<u>Lunch</u>
<u>12 / 19 / 14</u>	\$ <u>65.00</u>	<u>Lunch</u>
<u>09 / 23 / 14</u>	\$ <u>45.00</u>	<u>Lunch</u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
American Academy of Matrimonial Lawyer

ADDRESS (Business Address Acceptable)
145 Wild Horse Dr., Novato, CA 94947

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 19 / 14</u>	\$ <u>100.00</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 DON FRANCHI

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Law Offices of Stephen J. Montalvo

ADDRESS (Business Address Acceptable)
 550 Price Ave., Ste B, Redwood City, CA 94063

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Law Office

YOUR BUSINESS POSITION
 Spouse of Employee

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____