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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

2015 MAR -2 AM 10:19

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) JEFFREY E. LEWIS
GIULIANI JENNIFER CLERK OF COURT (DDE)
KINGS COUNTY
SUPERIOR COURT, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

KINGS COUNTY SUPERIOR COURT

Division, Board, Department, District, if applicable

KINGS

Your Position

SUPERIOR COURT JUDGE

DEPUTY
Mary Rizo

► 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
- Multi-County _____
- City of _____

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

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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.

- 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."

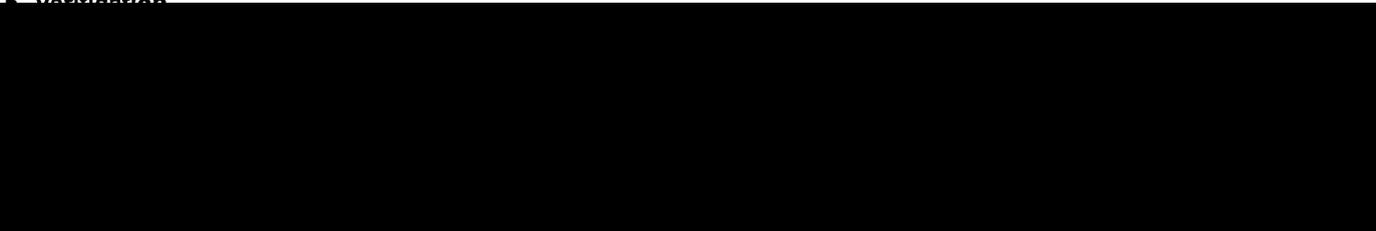
► Total number of pages including this cover page: 105

- 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

Date Signed 02/28/2015
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 GIULIANI, JENNIFER

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 LAW OFFICE OF JENNIFER GIULIANI

ADDRESS (Business Address Acceptable)
 CLOSED DECEMBER 2012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 FORMER LAW PRACTICE

YOUR BUSINESS POSITION
 FORMER OWNER

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 ACCOUNTS RECEIVABLE

 (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 TERM (Months/Years)

_____ % None

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

**SCHEDULE D
Income – Gifts**

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name GIULIANI, JENNIFER |

▶ NAME OF SOURCE (Not an Acronym)
SANTA CLARA LAW SCHOOL ALUMNI ASSN.

ADDRESS (Business Address Acceptable)
c/o Miles, Sears & Eanni 2844 Fresno St., Fresno CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law School Alumni Association

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|----------------------|---------------------------|
| <u>01 / 30 / 14</u> | \$ <u>30.00</u> | <u>Ed. Program Lunch</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Stop Violence Against Women Empowerment Lunch

ADDRESS (Business Address Acceptable)
c/o Kings Community Action Organization

BUSINESS ACTIVITY, IF ANY, OF SOURCE
1130 N. 11th Ave., Hanford, CA 93230

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|----------------------|---------------------------|
| <u>10 / 15 / 14</u> | \$ <u>15.00</u> | <u>Ed. Program Lunch</u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |
| <u> / / </u> | \$ <u> </u> | <u> </u> |

▶ NAME OF SOURCE (Not an Acronym)
Kings Co. Collaborative Justice Court Luncheon

ADDRESS (Business Address Acceptable)
c/o Kings County Behavioral Health

BUSINESS ACTIVITY, IF ANY, OF SOURCE
450 Kings County Drive, Hanford, CA 93230

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|----------------------|---------------------------|
| <u>12 / 08 / 14</u> | \$ <u>15.75</u> | <u>Program Lunch</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> |

▶ NAME OF SOURCE (Not an Acronym)

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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)

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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 GIULIANI, JENNIFER

- 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)
 California Judges Association

ADDRESS (Business Address Acceptable)
 2520 Venture Oaks Way, Suite 150

CITY AND STATE
 Sacramento, CA 95833

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 501(c)(6) Professional Association

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 245.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Travel Reimbursement for travel to meeting.

▶ 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: _____