

CG

COVER PAGE

DAVID H. YAMASAKI
Chief Executive Officer/Clerk
Superior Court of Santa Clara County
DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY (MIDDLE) DEPUTY
Greenwood Mary J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Santa Clara County Superior Court

Division, Board, Department, District, if applicable

Your Position

Superior Court Judge

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

Agency: _____

Position: _____

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FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR -2 PM 1:50

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

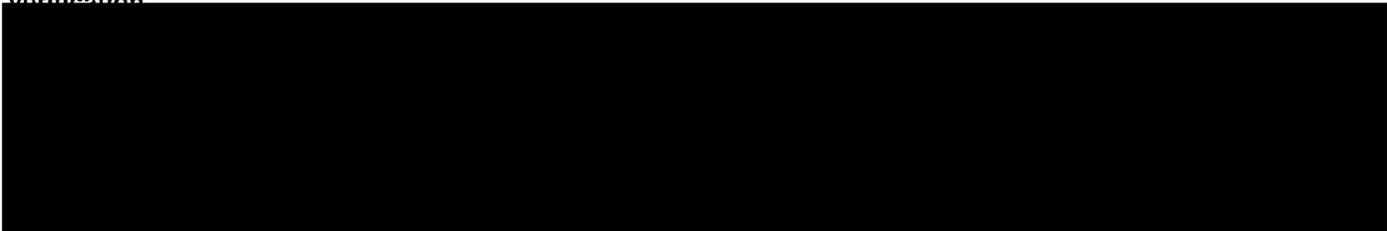
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - 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 02/22/2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Mary J. Greenwood

▶ NAME OF SOURCE (Not an Acronym)
Santa Clara County Bar Association

ADDRESS (Business Address Acceptable)
31 N. 2d Street, San Jose, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 17 / 14</u>	<u>\$ 114.00</u>	<u>Training Ethics</u>
<u>10 / 22 / 14</u>	<u>\$ 75.00</u>	<u>Judge's Night</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)
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Comments: _____