

FILED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

FEB 24 2015
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By [Signature]
DEPUTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GROVER ADRIENNE M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Court of Appeal

Division, Board, Department, District, if applicable

Sixth Appellate District

Your Position

Associate Justice

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

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
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
Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

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

Date Signed 02/24/2015
(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
ADRIENNE GROVER

▶ NAME OF BUSINESS ENTITY
PRUDENTIAL

GENERAL DESCRIPTION OF THIS BUSINESS

INSURANCE

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

GENERAL DESCRIPTION OF THIS BUSINESS

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Comments: _____