

CG

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FILED

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER  
Filing Received  
Official Use Only

MAR 02 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) ALAN CARLSON, CHIEF OF THE COURT  
Hanson Sheila BY: Fairchild DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Superior Court of California, County of Orange

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: \_\_\_\_\_

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FAIR POLITICAL  
PRACTICES COMMISSION  
15 MAR -9 PM 1:15

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)

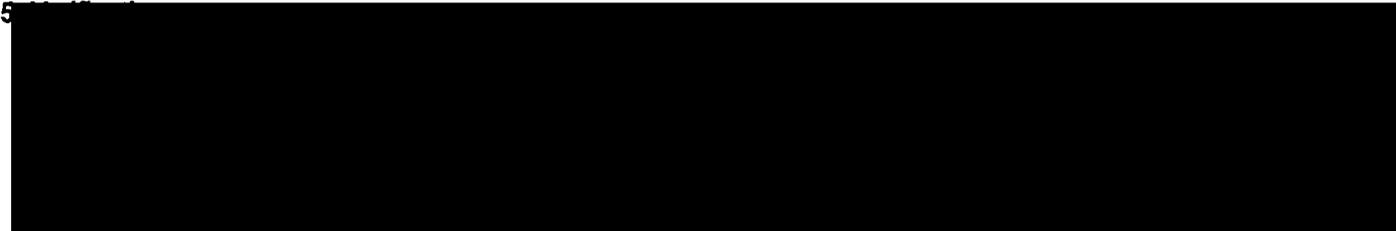
- Annual: The period covered is January 1, 2014, through December 31, 2014.
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_
 City of \_\_\_\_\_  Other \_\_\_\_\_
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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



herein and in any attached schedules is true and complete. I declare

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

Date Signed 03/02/2015
(month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
Sheila Fairchild Hanson

▶ NAME OF SOURCE (Not an Acronym)  
California Judge's Association  
 ADDRESS (Business Address Acceptable)  
2520Venture Oaks Way, Suite 150 Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 07 / 14</u>	<u>\$ 34.34</u>	<u>Coffee/Lunch</u>
<u>01 / 17 / 14</u>	<u>\$ 42.84</u>	<u>Coffee/Lunch</u>
<u>05 / 02 / 14</u>	<u>\$ 63.58</u>	<u>Coffee/Lunch</u>

▶ NAME OF SOURCE (Not an Acronym)  
California Judge's Association  
 ADDRESS (Business Address Acceptable)  
2520Venture Oaks Way, Suite 150 Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 14</u>	<u>\$ 20.11</u>	<u>Coffee Break</u>
<u>11 / 07 / 14</u>	<u>\$ 143.13</u>	<u>Dinner</u>
<u>11 / 08 / 14</u>	<u>\$ 31.64</u>	<u>Breakfast</u>

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California Judge's Association  
 ADDRESS (Business Address Acceptable)  
2520Venture Oaks Way, Suite 150 Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 02 / 14</u>	<u>\$ 109.40</u>	<u>overnight stay</u>
<u>06 / 03 / 14</u>	<u>\$ 64.90</u>	<u>Breakfast/lunch</u>
<u>07 / 25 / 14</u>	<u>\$ 42.91</u>	<u>Coffee/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)  
California Judge's Association  
 ADDRESS (Business Address Acceptable)  
2520Venture Oaks Way, Suite 150 Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 11 / 14</u>	<u>\$ 10.00</u>	<u>Beverages</u>
<u>09 / 14 / 14</u>	<u>\$ 59.32</u>	<u>Lunch</u>
<u>11 / 07 / 14</u>	<u>\$ 266.39</u>	<u>overnight stay</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: I am a member of the executive Board of CIA.  
The board meetings of 1/17, 7/25 held at Sheraton Gateway LAX, Los Angeles. 3/7 held at South San Francisco Conference Center. 5/2 held JW Marriott, Palm Desert, 6/2 and 6/3 held Hyatt Regency Sacramento, 9/11, 9/14 held San Diego Marriott, 11/7 and 11/8 held Westin St. Francis, San Francisco

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

Name  
 Sheila Fairchild Hanson

- 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 Judge's Association

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

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 04 / 03 / 14 -        /        /        AMT: \$ 197.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement for Airline Ticket to attend Executive Board Meeting on 3/7/14. I am a Board Member.

▶ NAME OF SOURCE (Not an Acronym)  
 California Judge's Association

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

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 11 / 08 / 14 - 12 /     /     AMT: \$ 192.20  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement for Airline Ticket to attend Executive Board Meeting on 11/ and 11/8 I am a Board Member.

▶ NAME OF SOURCE (Not an Acronym)  
 California Judge's Association

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

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 06 / 03 / 14 - 07 /     /     AMT: \$ 208.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Reimbursement for Airline Ticket to attend Executive Board Meeting on 6/2 and 6/3. I am a Board Member.

▶ 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: \_\_\_\_\_

Exhibit A.

AIG Aviation, Inc./AIG Aerospace Adjustment Services, Inc.  
Allianz Aviation Managers  
American Airlines  
Amica Mutual Insurance Company  
Arch Insurance Company/Gallagher Bassett Services, Inc./Sedgwick  
Bosch and Siemens Home Appliance Group  
Dispatch Transportation, LLC  
Discover Property and Casualty Company/Travelers Insurance  
Fleming and Hall Administrators  
Global Aerospace  
Sparta Insurance Company  
Steelcase Inc.  
Torus National Insurance Company  
Triton Claims Management, Inc.  
United States Aviation Underwrites/United States Aircraft Insurance Group  
United Airlines, Inc.  
XL Insurance Company