

CG

JAN 08 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Keough Dennis ALAN CARLSON, Clerk of the Court

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
 BY: *[Signature]* DEPUTY

► 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: 6

- 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. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the information provided in this statement and any attachments is true and complete.

Date Signed 01/07/2015
 (month, day, year)

SCHEDULE D
Income – Gifts

Name
Dennis J. Keough

▶ NAME OF SOURCE *(Not an Acronym)*
Orange County Bar Association

ADDRESS *(Business Address Acceptable)*
4101 Westerly Place, Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	\$ 180.00	Personal & Spousal
___ / ___ / ___	\$ _____	Attendance at Bar
___ / ___ / ___	\$ _____	Dinner Function

▶ 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)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ 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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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____