

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

Date Initial Filing Received  
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LOS ANGELES COUNTY  
2015 FEB 10 AM 11:05  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Michael (FIRST) Paul  
Linfield

CAMPAIGN FINANCE  
DISCLOSURE SECTION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Superior Court

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: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
15 FEB 23 PM 2:3

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."

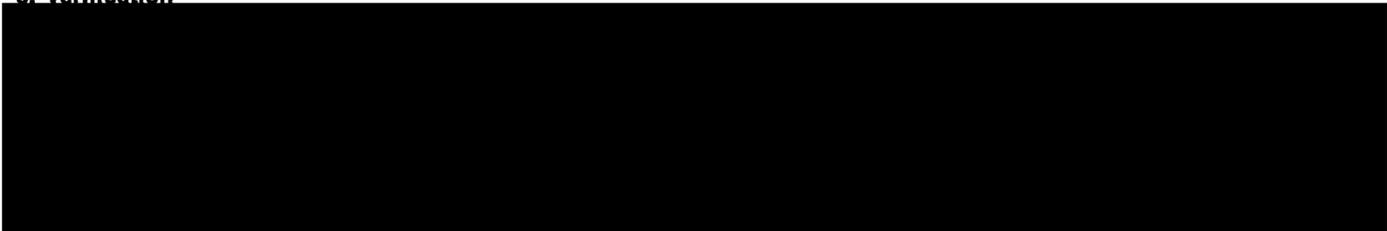
► Total number of pages including this cover page: 5

- 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

-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 02/10/2015  
(month, day, year)



**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <hr/>
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▶ NAME OF SOURCE (Not an Acronym)  
Consumer Attorneys Association of Los Angeles  
 ADDRESS (Business Address Acceptable)  
800 W. Sixth St., #700, Los Angeles, 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 13</u>	<u>\$ 100.00</u>	<u>Dinner at Installation</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Chancery Club  
 ADDRESS (Business Address Acceptable)  
c/o 1875 Century Park E, #2200, Los Angeles, 90067  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 14</u>	<u>\$ 50.00</u>	<u>Luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Association of Business Trial Lawyers  
 ADDRESS (Business Address Acceptable)  
8502 E. Chapman Ave., #443 Orange, CA 92869  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 18 / 14</u>	<u>\$ 100.00</u>	<u>Dinner at seminar</u>
<u>09 / 30 / 14</u>	<u>\$ 100.00</u>	<u>Dinner at seminar</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Los Angeles County Bar Association  
 ADDRESS (Business Address Acceptable)  
1055 West Seventh Street, Suite 2700, L.A. 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 19 / 14</u>	<u>\$ 50.00</u>	<u>Lunch at seminar</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Association of Southern California Defense Counsel  
 ADDRESS (Business Address Acceptable)  
2520 Venture Oaks Way, Suite 150 Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 14</u>	<u>\$ 50.00</u>	<u>Lunch at seminar</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
South Asian Bar Association  
 ADDRESS (Business Address Acceptable)  
PO Box 4587 Cerritos, CA 90703  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 14</u>	<u>\$ 100.00</u>	<u>Dinner at reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Korean Community Lawyers' Association

ADDRESS (Business Address Acceptable)  
 3470 Wilshire Blvd #1010 Los Angeles, CA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Bar Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 14	\$ 75.00	Dinner at installation
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Levitt & Quinn

ADDRESS (Business Address Acceptable)  
 1557 Beverly Boulevard Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Family Law Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 14	\$ 160.00	Dinner at installation
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- 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)  
 Consumer Attorneys Association of Los Angeles

ADDRESS (Business Address Acceptable)  
 800 West Sixth St. #700

CITY AND STATE  
 Los Angeles, CA 90017

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

DATE(S): 08 / 27 / 14 - 08 / 28 / 14 AMT: \$ 742.48  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Hotel and travel reimbursement for participation on panel

▶ 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: \_\_\_\_\_