

SUPREME COURT
FILED

ORIGINAL

STATEMENT OF ECONOMIC INTERESTS

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

CG

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Liu Goodwin Hon

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Supreme Court
Division, Board, Department, District, if applicable
Your Position
Associate Justice

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FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR -3 PM 1:05

► 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)

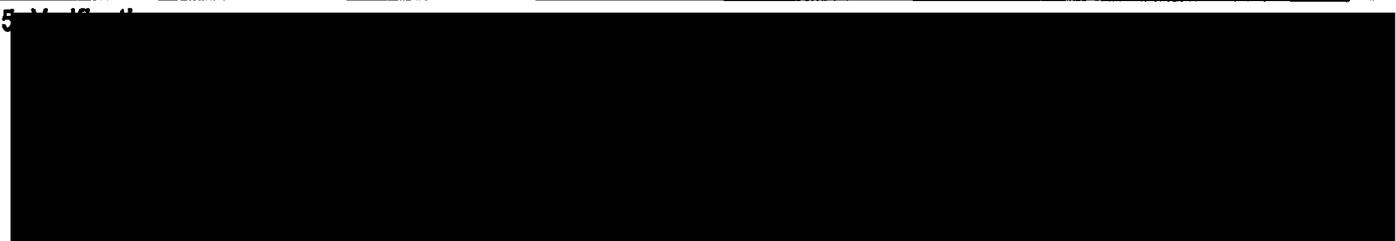
Annual: The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is _____ through December 31, 2014.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period 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: _____

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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I declare under penalty of perjury that I have not received any prohibited gifts or favors from any person or entity during the reporting period.

Date Signed 02/24/2015
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Goodwin Liu |
|--|

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Stanford University

ADDRESS (Business Address Acceptable)
 Stanford Law School, Stanford, CA 94305

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Educational institution

YOUR BUSINESS POSITION
 Lecturer

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Next Generation

ADDRESS (Business Address Acceptable)
 351 California St, Suite 1200, San Francisco 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Nonprofit research/advocacy org

YOUR BUSINESS POSITION
 Vice President (spouse)

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

Name
 Goodwin Liu

- 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)
Sonenshine Pro Bono Exec Comm (Bremer Whyte)
 ADDRESS (Business Address Acceptable)
20320 S.W. Birch Street, 2d Floor
 CITY AND STATE
Newport Beach, CA

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

DATE(S): 11 / 13 / 14 - / / AMT: \$ 221.18
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
Yale University
 ADDRESS (Business Address Acceptable)
Yale Law School
 CITY AND STATE
New Haven, CT

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

DATE(S): 10 / 24 / 14 - 10 / 26 / 14 AMT: \$ 1,708.91
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
Southern California Chinese Lawyers Association
 ADDRESS (Business Address Acceptable)
P.O. Box 861959 Terminal Annex
 CITY AND STATE
Los Angeles, CA

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

DATE(S): 05 / 01 / 14 - / / AMT: \$ 269.21
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
San Diego Volunteer Lawyer Program
 ADDRESS (Business Address Acceptable)
707 Broadway, Suite 1400
 CITY AND STATE
San Diego, CA

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

DATE(S): 10 / 02 / 14 - / / AMT: \$ 467.28
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

Comments: _____

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

Name
 Goodwin Liu

- 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)
 National Foundation for Judicial Excellence

ADDRESS (Business Address Acceptable)
 55 West Monroe Street, Suite 2000

CITY AND STATE
 Chicago, IL

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

DATE(S): 07 / 19 / 14 - / / AMT: \$ 235.53
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 American Constitution Society

ADDRESS (Business Address Acceptable)
 1333 H Street, NW, 11th Floor

CITY AND STATE
 Washington, DC

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

DATE(S): 06 / 20 / 14 - 06 / 21 / 14 AMT: \$ 1,200.90
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 UC Irvine

ADDRESS (Business Address Acceptable)
 School of Law

CITY AND STATE
 Irvine, CA

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

DATE(S): 05 / 10 / 14 - / / AMT: \$ 495.09
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 Southwestern Law School

ADDRESS (Business Address Acceptable)
 3050 Wilshire Blvd.

CITY AND STATE
 Los Angeles, CA

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

DATE(S): 05 / 18 / 14 - / / AMT: \$ 690.56
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Travel reimbursement

Comments: _____

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

Name
 Goodwin Liu

- 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)
Emory University
 ADDRESS (Business Address Acceptable)
School of Law
 CITY AND STATE
Atlanta, GA

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

DATE(S): 01 / 14 / 14 - 01 / 15 / 14 AMT: \$ 691.56
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
European University Institute
 ADDRESS (Business Address Acceptable)
Robert Schuman Centre for Advanced Studies
 CITY AND STATE
San Domenico di Fiesole, Italy

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

DATE(S): 12 / 12 / 13 - 12 / 15 / 13 AMT: \$ 6,323.48
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement (received 6/6/2014) for participation in judges' seminar

▶ NAME OF SOURCE (Not an Acronym)
University of Arizona Foundation
 ADDRESS (Business Address Acceptable)
1111 N. Cherry Avenue
 CITY AND STATE
Tucson, AZ

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

DATE(S): 01 / 23 / 14 - ____ / ____ / ____ AMT: \$ 903.13
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)
American Bar Association
 ADDRESS (Business Address Acceptable)
321 North Clark Street
 CITY AND STATE
Chicago, IL

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

DATE(S): 10 / 17 / 14 - 10 / 18 / 14 AMT: \$ 655.65
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement for Task Force on Financing Legal Education

Comments: _____