

STATEMENT OF ECONOMIC INTERESTS

FILED
 ALAMEDA COUNTY
 Received
 FEB 19 2015

CG

COVER PAGE

LEAH WILSON Exec. Off. Clerk
 By *[Signature]* (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 McLaughlin Dennis J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Alameda County 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: _____

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 2015 MAR -4 PM 2:25

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Alameda
- 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.

Leaving Office: Date Left ____/____/____ (Check one)

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 4

- 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 Signature Area]

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and certify that the information provided is true and correct.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 02/17/2015
 (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

Dennis J. McLaughlin

▶ NAME OF BUSINESS ENTITY
SPP Large Cap Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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
SPP Small Cap Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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
SPP Bond Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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 Bonds, Securities (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
SPP Mid Cap Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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
SPP International Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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
SPP Short Term Investment Fund
GENERAL DESCRIPTION OF THIS BUSINESS
Deferred Compensation Investment Fund
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 Bonds, Securities (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:
____/____/14 06/05/14
ACQUIRED DISPOSED

Comments: _____

