

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

FILED
COURT EXECUTIVE OFFICE
Date Initial Filing Received
FEB 20 2015
By: MS
Deputy Clerk
M.

Please type or print in ink.

NAME OF FILER (LAST) MIZE (FIRST) JAMES
By: MS Deputy Clerk M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Sacramento Superior Court
Division, Board, Department, District, if applicable State of California
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
2015 MAR -2 PM 2:35

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of Sacramento
 City of Other

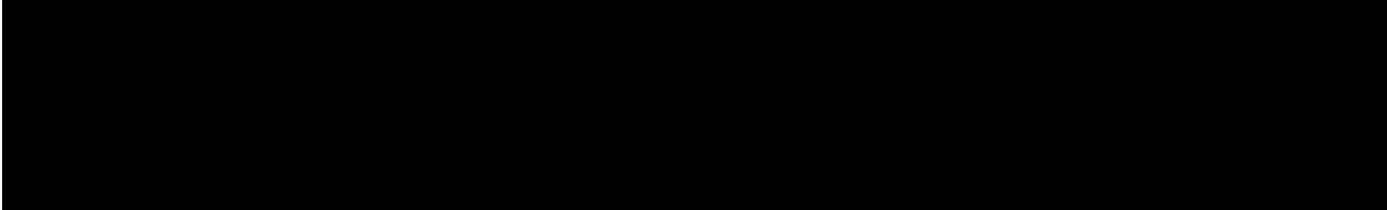
3. Type of Statement (Check at least one box)

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 ____/____/____
 Candidate: Election year 2014 and office sought, if different than Part 1: _____
 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.

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. Verification



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

Date Signed 2-19-15
(month, day, year)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>JAMES M. MIZE</u>

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Community College League of California

ADDRESS (Business Address Acceptable)
2017 "O" Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

YOUR BUSINESS POSITION
Vice President (2015) Policy Research

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address

		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

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

- 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)
State Bar of California
 ADDRESS (Business Address Acceptable)
180 Howard St.
 CITY AND STATE
San Francisco Ca 94105
 501(c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Licenses Lawyers
 DATE(S): 4.4.14 AMT: \$ 580^{xx}100
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
San Diego Panel

▶ NAME OF SOURCE (Not an Acronym)
State Bar of California
 ADDRESS (Business Address Acceptable)
180 Howard St.
 CITY AND STATE
San Francisco CA 94105
 501(c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Licenses Lawyers
 DATE(S): 5.22.14 - 5.23.14 AMT: \$ 531
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Los Angeles Panel

▶ NAME OF SOURCE (Not an Acronym)
State Bar of California
 ADDRESS (Business Address Acceptable)
180 Howard St.
 CITY AND STATE
San Francisco, CA 94105
 501(c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Licenses Lawyers
 DATE(S): 3.28.14 AMT: \$ 579.88
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
First Panel of year
Same as above?

▶ NAME OF SOURCE (Not an Acronym)
National Business Institute
 ADDRESS (Business Address Acceptable)
PO Box 3067
 CITY AND STATE
Cam. Wisc WI 54702
 501(c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Teachers Lawyers
 DATE(S): 12.11.14 AMT: \$ 10⁰⁰
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
JAMES M. MIZE

- 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)
Foundation for Improvement of Justice

ADDRESS (Business Address Acceptable)
1930 Federal Court

CITY AND STATE
Lawrenceville GA 30044

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

DATE(S): 9/27/14 - _____ AMT: \$ 147860
(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)
Association of Family Law Specialists

ADDRESS (Business Address Acceptable)
1500 W El Camino Ave #158

CITY AND STATE
Secreston, CA 95833

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

DATE(S): 9/27/14 - _____ AMT: \$ 480
(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: _____