

FEB 25 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MONROY RICHARD RAYMOND

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
SAN DIEGO SUPERIOR COURT
Division, Board, Department, District, if applicable
Your Position
JUDGE OF THE SUPERIOR COURT

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

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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. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2014. 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: 2**
- 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

5. [Redacted]

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

Date Signed 02/20/2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Richard Monroy

▶ NAME OF SOURCE *(Not an Acronym)*
University of CA San Diego, Alumni Association

ADDRESS *(Business Address Acceptable)*
9500 Gilman Dr. #0083, La Jolla, CA 92093

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farmer's Insurance Golf Tournament tickets

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 14	\$ 200.00	2 tickets and lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
CA Judges Association

ADDRESS *(Business Address Acceptable)*
2520 Venture Oaks Way, Suite 150 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ethics Committee meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 22 / 14	\$ 84.86	Lunch & snack
07 / 12 / 14	\$ 75.98	Lunch & snack
09 / 11 / 14	\$ 56.92	Lunch

▶ 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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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: _____