

COVER PAGE

FEB 25 2015

Please type or print in ink.

CG

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MOORE EILEEN
Deputy Clerk

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COURT OF APPEAL

Division, Board, Department, District, if applicable

DISTRICT FOUR, DIVISION THREE

Your Position

ASSOCIATE JUSTICE

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 FEB 27 AM 11:32

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.
- 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: 12

- 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 Signature Area]

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

Date Signed February 25, 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

Eileen C. Moore

NAME OF BUSINESS ENTITY
VERIZON

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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 08 / 11 / 14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
FORD MOTOR CO.

GENERAL DESCRIPTION OF THIS BUSINESS
Car Manufacture

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:
 08 / 04 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
 08 / 08 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
EATON CORP.

GENERAL DESCRIPTION OF THIS BUSINESS
Power Management

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:
 08 / 04 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
INTEL

GENERAL DESCRIPTION OF THIS BUSINESS
Computers

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 08 / 08 / 14
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
 07 / 29 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

Comments:

**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 Eileen C. Moore |
|----------------------------------------------------------------------------------------------|

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

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:
06 / 17 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

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:
04 / 14 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
INTEL

GENERAL DESCRIPTION OF THIS BUSINESS
Computers

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:
04 / 14 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
04 / 14 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ALCOA INC.

GENERAL DESCRIPTION OF THIS BUSINESS
Metals

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:
04 / 14 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PFIZER

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
04 / 07 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Eileen C. Moore

▶ NAME OF BUSINESS ENTITY
FACEBOOK

GENERAL DESCRIPTION OF THIS BUSINESS
Social Media

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 04 / 04 / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
VERIZON

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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:
04 / 02 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMAZON

GENERAL DESCRIPTION OF THIS BUSINESS
Online Merchant

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 04 / 04 / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMAZON

GENERAL DESCRIPTION OF THIS BUSINESS
Online Merchant

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:
04 / 02 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FORD MOTOR CO.

GENERAL DESCRIPTION OF THIS BUSINESS
Car Manufacture

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:
04 / 02 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
VERIZON

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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:
03 / 20 / 14 _____ / _____ / 14
 ACQUIRED DISPOSED

Comments: _____

**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 Eileen C. Moore |
|----------------------------------------------------------------------------------------------|

▶ NAME OF BUSINESS ENTITY
FACEBOOK

GENERAL DESCRIPTION OF THIS BUSINESS
Social Media

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:
03 / 12 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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:
02 / 04 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMAZON

GENERAL DESCRIPTION OF THIS BUSINESS
Online Merchant

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:
03 / 12 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
FORD MOTOR CO.

GENERAL DESCRIPTION OF THIS BUSINESS
Car Manufacture

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:
02 / 04 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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 02 / 13 / 14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS

GENERAL DESCRIPTION OF THIS BUSINESS
Communications

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:
01 / 14 / 14 _____ / ____ / 14
 ACQUIRED DISPOSED

Comments: _____

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

Name
Eileen C. Moore

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
West Group

ADDRESS (Business Address Acceptable)
610 Opperman Dr., St. Paul MN.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Book Publishers

YOUR BUSINESS POSITION
Author and 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 Writing and Teaching
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cool Titles

ADDRESS (Business Address Acceptable)
439 N. Canon Dr. Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverly Hills, CA 90210

YOUR BUSINESS POSITION
Writer

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 Royalties for book sales
(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 C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

Name

Eileen C. Moore

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Law Office of Michael S. Fields

ADDRESS (Business Address Acceptable)

11746 East 187th St. Artesia, CA 90701

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

None

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 Community Property

(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Social Security

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Government

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 Pension

(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

| |
|----------------------------------------------------------------------------------------------|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Eileen C. Moore |
|----------------------------------------------------------------------------------------------|

- 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)
Aitken, Aitken & Cohen
 ADDRESS (Business Address Acceptable)
3 MacArthur Place, Suite 800
 CITY AND STATE
Santa Ana, CA 92707
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm
 DATE(S): 03 / 10 / 14 - ___ / ___ / ___ AMT: \$ 50.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Annual St. Patrick's day party

▶ NAME OF SOURCE (Not an Acronym)
Wylie & Betty Aitken
 ADDRESS (Business Address Acceptable)
180 Cobblestone Lane
 CITY AND STATE
Anaheim Hills, CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm
 DATE(S): 12 / 07 / 14 - ___ / ___ / ___ AMT: \$ 75.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Charity event-meal served, donated clothes

▶ NAME OF SOURCE (Not an Acronym)
Kevin Gallagher
 ADDRESS (Business Address Acceptable)
3 Hutton Centre, 9th Floor
 CITY AND STATE
Santa Ana, CA 92707
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm
 DATE(S): 11 / 10 / 14 - ___ / ___ / ___ AMT: \$ 95.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Guest at celebration of the U.S. Marine Corp.

▶ NAME OF SOURCE (Not an Acronym)
Robinson, Robinson & Calcagnie
 ADDRESS (Business Address Acceptable)
19 Corporate Plaza Dr.
 CITY AND STATE
Newport Beach, CA 92660
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm
 DATE(S): 12 / 12 / 14 - ___ / ___ / ___ AMT: \$ 150.00
(If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Holiday party

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

| |
|----------------------------------------------------|
| CALIFORNIA FORM 700 |
| <small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name |
| Eileen C. Moore |

- 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)
845 S. Figueroa St.

CITY AND STATE
Los Angeles, CA 90017

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

DATE(S): 09 / 12 / 14 - 09 / 14 / 14 AMT: \$ 720.04
(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)

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)
American Board of Trial Advocates

ADDRESS (Business Address Acceptable)
1 Corporate Park, Suite 200

CITY AND STATE
Irvine, CA 92606

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

DATE(S): 01 / 25 / 14 - ____ / ____ / ____ AMT: \$ 150.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Annual installation of officers dinner

▶ 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: _____