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FAIR POLITICAL  
PRACTICES COMMISSION

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FEB 26 2015

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
2014-2015  
COVER PAGE

Date In **CLERK OF THE SUPERIOR COURT**  
Received **SAN MATEO COUNTY**  
Official Use Only

Please type or print in ink.

NAME OF FILER NOVAK (LAST) LISA (FIRST) ANN (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

SUPERIOR COURT OF CALIFORNIA, County of SAN MATEO  
Division, Board, Department, District, if applicable  
Your Position  
SUPERIOR COURT JUDGE

- 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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of SAN MATEO
- 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: 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. Signature

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 2/26/15  
(month, day, year)

Clear Page

Print Form



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

CALIFORNIA FORM 700
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Name LISA ANN NOVAK

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: 1959 LLC DBA COALINA
ADDRESS: 2542 DIAMOND ST. SF
BUSINESS ACTIVITY: RESTAURANT
YOUR BUSINESS POSITION: PARTNER/INVESTOR
GROSS INCOME RECEIVED: \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: GOLDEN GATE UNIVERSITY
ADDRESS: 526 MISSION ST - S.F. CA.
BUSINESS ACTIVITY: LAW SCHOOL
YOUR BUSINESS POSITION: ADJUNCT PROFESSOR
GROSS INCOME RECEIVED: \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Salary

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
TERM (Months/Years)
SECURITY FOR LOAN
None
Personal residence
Real Property
Guarantor
Other

Comments:

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SCHEDULE D  
Income - Gifts

**CALIFORNIA FORM 700**  
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Name  
LISA A NOVAK

NAME OF SOURCE (Not an Acronym)  
SAN MATEO County Bar Assoc

ADDRESS (Business Address Acceptable)  
333 BRADFORD ST. RmC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LEGAL NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 11, 14</u>	<u>40<sup>00</sup></u>	<u>MEAL</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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)  
SAN MATEO County Bar Assoc.

ADDRESS (Business Address Acceptable)  
333 BRADFORD ST

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LEGAL NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 12, 14</u>	<u>65<sup>00</sup></u>	<u>MEAL</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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)  
SAN MATEO CO. BARTISTERS

ADDRESS (Business Address Acceptable)  
333 BRADFORD ST RmC

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LEGAL NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 23, 14</u>	<u>45<sup>00</sup></u>	<u>MEAL</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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: \_\_\_\_\_