

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
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LOS ANGELES COUNTY  
2015 JAN 30 AM 11:27  
CAMPAIN FINANCE  
DISCLOSURE SECTION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Oki Dan Thomas

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles 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: \_\_\_\_\_

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)
- Multi-Period: The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 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: \_\_\_\_\_

- 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 California that the foregoing is true and correct.

Date Signed 01/27/2015  
(month, day, year)



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

Name  
 Dan T. Oki

- 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)  
George Mason University School of Law  
 ADDRESS (Business Address Acceptable)  
3301 Fairfax Drive  
 CITY AND STATE  
Arlington, VA

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

DATE(S): 03 / 16 / 14 - 03 / 17 / 14 AMT: \$ 527.93  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Group meals for The Economics of Access to Civil Justice program

▶ NAME OF SOURCE (Not an Acronym)  
George Mason University School of Law  
 ADDRESS (Business Address Acceptable)  
3301 Fairfax Drive  
 CITY AND STATE  
Arlington, VA

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

DATE(S): 09 / 14 / 14 - 09 / 16 / 14 AMT: \$ 1,214.35  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Lodging and group meals for Judicial Symposium on the Economics and Law of Public Pension Reform

▶ 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: \_\_\_\_\_