

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

COURT OF APPEAL  
 FIFTH APPELLATE DISTRICT  
 FILED  
 Date Initial Filing  
 Received  
 Official Use Only  
**FEB 17 2015**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) By Charlene J. [Signature] Deputy

Pena Rosendo

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 Court of Appeal  
 Division, Board, Department, District, if applicable  
 Fifth District  
 Your Position  
 Associate Justice

► 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)**

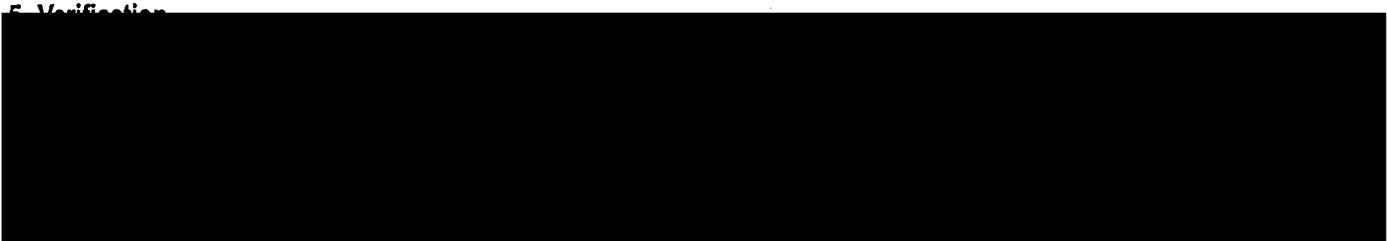
- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- 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: \_\_\_\_\_
- 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



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

Date Signed 02/17/2015  
 (month, day, year)



**SCHEDULE D**  
**Income – Gifts**

Name  
Rosendo Pena

▶ NAME OF SOURCE (Not an Acronym)  
Time Warner Company  
 ADDRESS (Business Address Acceptable)  
1 Time Warner Center, NY, NY 10019-8016  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Reception & Dinner at Appellate Justices Seminar

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 14</u>	<u>\$ 100.00</u>	<u>Refreshments/Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)  
Joseph I. Castro  
 ADDRESS (Business Address Acceptable)  
5742 N. Maple Avenue, Fresno, CA 93740  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
President, California State University, Fresno

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 08 / 14</u>	<u>\$ 250.00</u>	<u>2 FSU football tickets</u>
<u> / / </u>	<u>\$ _____</u>	<u>with food/drinks in</u>
<u> / / </u>	<u>\$ _____</u>	<u>stadium suite</u>

▶ NAME OF SOURCE (Not an Acronym)  
Fresno State Alumni Association  
 ADDRESS (Business Address Acceptable)  
2625 E. Matoian Way, Fresno, CA 93740  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Serves Alumni and the University of Fresno State

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 08 / 14</u>	<u>\$ 50.00</u>	<u>2 FSU football tickets</u>
<u>11 / 14 / 14</u>	<u>\$ 65.00</u>	<u>Seat to Justice Marvin</u>
<u> / / </u>	<u>\$ _____</u>	<u>Baxter tribute dinner</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: \_\_\_\_\_

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

Name  
 Rosendo Pena

- 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 Justice Institute

ADDRESS (Business Address Acceptable)  
 11951 Freedom Drive, Suite 1020

CITY AND STATE  
 Reston, VA 20190

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Tuition reimburse., NYU Appellate Justices Seminar

DATE(S): 07/13/14 - 07/18/14 AMT: \$ 1,000.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Attended national appellate justices seminar at NYU Law School.

▶ 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 \_\_\_\_\_

▶ 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: \_\_\_\_\_