



ORIGINAL STATEMENT OF ECONOMIC INTERESTS

FILED Date Initial Filed Received Official Use Only JAN 22 2015

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) JOSEPH A. LANE Clerk
Perluss Dennis M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Court of Appeal

Division, Board, Department, District, if applicable

Your Position

Second Appellate District

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, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County 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. 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: 3. Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule.



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

Date Signed 01/22/2015 (month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Dennis M. Perluss

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Harvard Westlake School

ADDRESS (Business Address Acceptable)  
 700 North Faring Road, Los Angeles, CA 90077

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 private school (grades 7-12)

YOUR BUSINESS POSITION  
 spouse is chaplain/faculty member

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 \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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 \_\_\_\_\_  
 (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      TERM (Months/Years)

\_\_\_\_\_ %       None

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

## SCHEDULE D Income – Gifts

Name  
Dennis M. Perluss

▶ NAME OF SOURCE (Not an Acronym)  
Tribal Law and Policy Institute

ADDRESS (Business Address Acceptable)  
8325 Santa Monica Blvd., West Hollywd, CA 90046

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Presenter at National Indian Nations Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 14</u>	<u>\$ 50.00</u>	<u>dinner</u>
<u>12 / 11 / 14</u>	<u>\$ 175.00</u>	<u>hotel</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>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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