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LARAYNE CLEEK, CLERK  
BY: *[Signature]*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

CG

Please type or print in ink.

NAME OF FILER  
Reed (LAST) Melinda (FIRST) M (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Tulare County Superior Court  
Division, Board, Department, District, if applicable  
Your Position

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

Agency: \_\_\_\_\_ Position: Judge #6

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
ON  
FEB 26 PM 4: 18

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-
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: - 5 -

- 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 2.6.15  
(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.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

NAME OF BUSINESS ENTITY: Great West Investments  
 GENERAL DESCRIPTION OF THIS BUSINESS: Investments, Life & Annuity Co  
 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 Deferred Compensation  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY: Pioneer Natural Resources  
 GENERAL DESCRIPTION OF THIS BUSINESS: Oil & Gas Development  
 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    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY: Valley Commerce Bancorp  
 GENERAL DESCRIPTION OF THIS BUSINESS: Bank  
 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    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY: Savings Plus  
 GENERAL DESCRIPTION OF THIS BUSINESS: 401 K Plan  
 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 Deferred Compensation  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY: Consolidated Capital Investment Property  
 GENERAL DESCRIPTION OF THIS BUSINESS: ITC Corporation Land Developer  
 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 Limited Partnership  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/14    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY: \_\_\_\_\_  
 GENERAL DESCRIPTION OF THIS BUSINESS: \_\_\_\_\_  
 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    \_\_\_\_\_/\_\_\_\_\_/14  
 ACQUIRED                      DISPOSED

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
*Free parcel #*  
079 270-011-000

CITY Visalia, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 1/14 DISPOSED 1/14

NATURE OF INTEREST Farm Income  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED \_\_\_\_\_ DISPOSED \_\_\_\_\_

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions 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 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Notrinot Inc

ADDRESS (Business Address Acceptable)  
2106 E Main, Visalia, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Walnut Wholesaler

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 Walnuts  
 (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 \_\_\_\_\_%       None

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

SECURITY FOR LOAN

None       Personal residence

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

Guarantor \_\_\_\_\_

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

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

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym) SAN JOAQUIN  
Valley Chapter of the American Bd. of Trial Advocates  
 ADDRESS (Business Address Acceptable)  
7045 N. Fruit Ave, Fresno, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorney association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 5, 14</u>	<u>\$ 50.</u>	<u>Annual Dinner pass</u>
<u>4, 5, 14</u>	<u>\$ 50.</u>	<u>Annual Dinner pass for spouse</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) \_\_\_\_\_  
 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) \_\_\_\_\_  
 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) \_\_\_\_\_  
 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) \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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