

**STATEMENT OF ECONOMIC INTERESTS**

CG

COVER PAGE

Court of Appeals, State District  
 Date Initial Filing Received  
 Official Use Only  
 JAN 26 2015  
 by JOHN Clerk

Please type or print in ink.

NAME OF FILER (LAST) RUVOLO (FIRST) IGNAZIO (MIDDLE) JOHN

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

Agency Name (Do not use acronyms)

COURT OF APPEAL

Division, Board, Department, District, if applicable

FIRST DISTRICT, DIVISION 4

Your Position

PRESIDING

► 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 FIRST APPELLATE DISTRICT

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 \_\_\_\_\_

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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

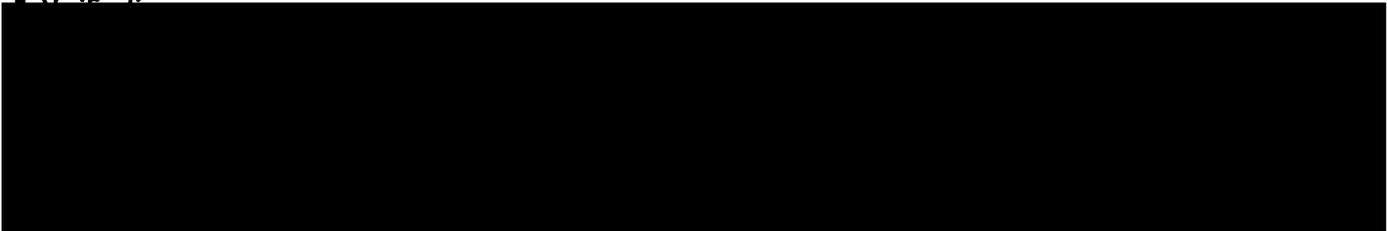
Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 MAR - 2 AM ID: 29



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

Date Signed

01/15/15  
 (month, day, year)

**SCHEDULE D  
Income - Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>IGNAZIO J. RUVOLO</u>
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▶ NAME OF SOURCE (Not an Acronym)  
MAX + LORRAINE GREENBERG

ADDRESS (Business Address Acceptable)  
LAGUNA WOODS, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 20, 14</u>	<u>\$ 50</u>	<u>WEDDING GIFT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
JON FOYT + HELEN MUNCH

ADDRESS (Business Address Acceptable)  
TICE CREEK DR. WALNUT CREEK, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 20, 14</u>	<u>\$ 50</u>	<u>WEDDING GIFT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
ABA PROFESSIONAL LIABILITY SECTION

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ASSOCIATION OF ATTORNEYS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09, 11, 14</u>	<u>\$ 100</u>	<u>HARRY + DAVID GIFT BOX</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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