

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER

FEB 19 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) ALAN CARLSON, Clerk of the Court
Servino Deborah Chuang
BY: _____ DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Superior Court of California, County of Orange
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: _____

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PRACTICES COMMISSION
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2. Jurisdiction of Office (Check at least one box)

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

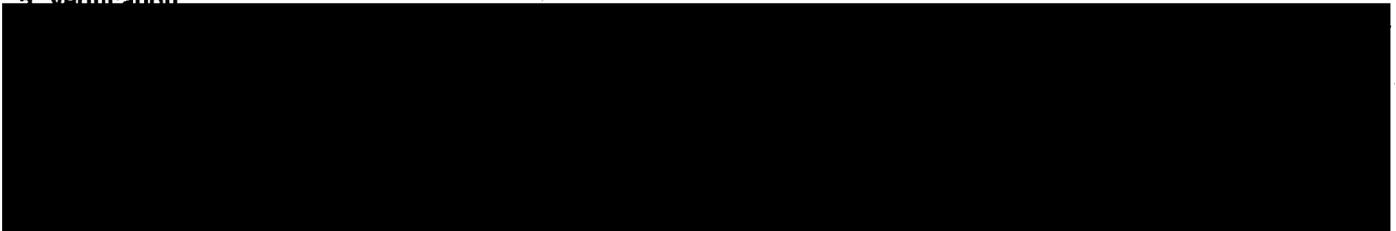
3. Type of Statement (Check at least one box)

- 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: 2
- 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

Date Signed February 15, 2015
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
Servino, Deborah

▶ NAME OF SOURCE (Not an Acronym)
Milan Panic

ADDRESS (Business Address Acceptable)
3 Hutton Centre Dr. #100, Santa Ana, CA 92707

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biomedical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 14</u>	<u>\$ 100.00</u>	<u>Holiday party</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>

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<u> / / </u>	<u>\$ </u>	<u> </u>
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Comments: _____