

STATEMENT OF ECONOMIC INTERESTS
CG COVER PAGE

FILED
ALAMEDA COUNTY
Received
MAR 23 2015

LEAH T. WILSON Exec. Off. Clerk
By *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Thompson Stanley Trina L

1. Office, Agency, or Court

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

► 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)

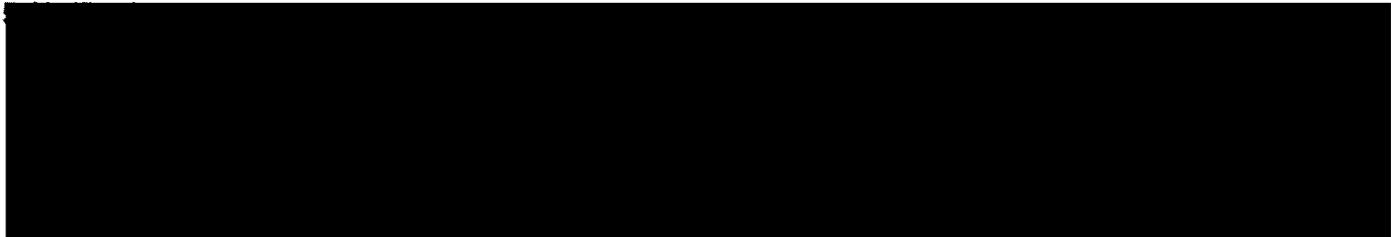
- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- 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 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 23, 2015
(month, day, year)

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

- 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)
 AEIO LLC (Department of Justice - OJJDP)

ADDRESS (Business Address Acceptable)
 810 7th Street, NW

CITY AND STATE
 Washington, DC 20531

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Coordinating Council on Juvenile Justice and Delinque

DATE(S): 07/26/14 - 07/28/14 AMT: \$ 222.23
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Coordinating Council on Juvenile Justice and
Delinquency Prevention Quarterly Meeting

▶ 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: Travel Reimbursements for the July meeting. Reimbursement payment received in 10/20/24. Meeting held on July meeting. Reimbursement for November 28, 2014 meeting was received in February 2015.

STATEMENT OF ECONOMIC INTERESTS

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ALAMEDA COUNTY
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COVER PAGE

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LEAH T. WILSON Exec. Off. Clerk
By *[Signature]* (MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Thompson Stanley Trina L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Alameda County Superior Court

Superior Court Judge

Division, Board, Department, District, if applicable

Your Position

1225 Fallon Street, Department 2, Oakland, CA 94612

► 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. Leaving Office: Date Left ____/____/_____
(Check one)
- or- The period covered is ____/____/_____, through
December 31, 2014. The period covered is ____/____/_____, through
the date of leaving office.
- 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: _____

- 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

I certify that the information furnished on this form and in any attached schedules is true and complete. I declare that I am not aware of any other sources of income or assets that should be reported on this form.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/02/2015
(month, day, year)

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

- 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)
 JJDPC - Coordinating Council

ADDRESS (Business Address Acceptable)

CITY AND STATE
 Washington, DC

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 429.67
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel for Practitioner Members to attend quarterly meetings.

▶ 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: _____



Reimbursement Form

ATTN: Daryl Dunston
 10404 Becky Court
 Clinton MD 20735
 Ph: 240-432-3014

AEIO Office Use Only

Form Recd. by AEIO	
Payment Due	
Payment Made	

Coordinating Council on Juvenile Justice and Delinquency Prevention Quarterly Meeting

Name of the Meeting:

Meeting Date(s): July 28, 2014

Attention: Daryl Dunston

Job/Task # 322 CC

Travel Date TO meeting: July 26, 2014

Travel Date FROM meeting: July 28, 2014

Personal Information:

1. Name: Judge Trina Thompson

2. Payee:

3. Address: (where you want your check sent)

Attn. Judge Trina Thompson, Alameda County Superior Court, 1225 Fallon Street, Third Floor, D2, Oakland, Ca. 94612

4. Phone Number: 510-891-6326

5. SSN/TIN: 568-33-4647

5a. Email address: tthompson@alameda.courts.ca.gov

For Travel Reimbursement:

- 8. Travel (Air/Rail Fares and Baggage Fees) **PD by OJP**
- 9. Lodging (\$0.00 per day for a maximum of 0.) **PD by AEIO**
- 10. Mileage (0 miles @ \$ 0.565per mile)
- 11. Per Diem (\$53.25 + \$53.25 = \$106.50) **\$70.94**
- 12. Ground Transportation: ((\$19.29-Taxis, \$56.00 -Shuttles, \$54.00 Parking, \$25.00 x 2 = \$50.00 Baggage fees, and Tolls) **\$154.29**
[\$179.29]
- 13. Adjustments – for AEIO use only
- 14. Total Reimbursement Amount Claimed (Lines 8 –13)
- 15. Grand Total Amount Claimed: (Lines 14)

EDJ Office Use Only	
(47-01)	
(47-02)	
(47-05)	
(47-04)	
(47-05)	
()	
()	
()	

I hereby certify all of the above expenses have been incurred.

16. Participant Signature:

Date: August 19, 2014

Judge Trina Thompson

AEIO office use only

MP Signature:	Date:	PD Signature:	Date:
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Date Rec'd: _____

The original form must be mailed for processing. Fax copies will not be accepted.



Reimbursement Form

ATTN: Daryl Dunston
 10404 Becky Court
 Clinton MD 20735
 Ph: 240-432-3014

AEIO Office Use Only

Form Recd. by AEIO	
Payment Due	
Payment Made	

Name of the Meeting: **Coordinating Council on Juvenile Justice and Delinquency Prevention Quarterly Meeting**

Meeting Date(s): November 28, 2014

Attention: Daryl Dunston **Job/Task #** 323 CC

Travel Date TO meeting: **Travel Date FROM meeting:**

Personal Information:

- 1. Name: Trina Thompson
- 2. Payee: 375 El Camino Real, Vallejo, Ca 94590
- 3. Address: (where you want your check sent)
- 4. Phone Number: 510-220-1294
- 5. SSN/TIN: 568-33-4647
- 5a. Email address: tthompson@alameda.courts.ca.gov

For Travel Reimbursement:

		EDJ Office Use Only	
8. Travel (Air/Rail Fares and Baggage Fees)	PD by OJP	(47-01)	
9. Lodging (\$0.00 per day for a maximum of 0.)	PD by AEIO	(47-02)	
10. Mileage (0 miles @ \$ 0.565per mile) Vallejo to SF 31.6 miles x 2 = 63.2 \$35.71	\$0.00	(47-05)	
11. Per Diem (\$53.25 + \$53.25 = \$106.50) \$57.00 + \$24.73	\$81.73	(47-04)	
12. Ground Transportation: (Taxis, Shuttles, Parking, Baggage fees, and Tolls)	\$168.27	(47-05)	
13. Adjustments – for AEIO use only		()	
14. Total Reimbursement Amount Claimed (Lines 8 –13)	\$250.38	()	
15. Grand Total Amount Claimed: (Lines 14)		()	

I hereby certify all of the above expenses have been incurred.

16. Participant Signature: _____ Date: December 1, 2014

AEIO office use only

MP Signature:	Date:	PD Signature:	Date:
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Date Rec'd: _____

The original form must be mailed for processing. Fax copies will not be accepted.