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

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

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SANTA BARBARA COUNTY
SUPERIOR COURT HUMAN RESOURCES
Stephanie Robbins

CG

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*Please type or print in ink.*

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|---|---|---|
| Voysey | James | Kenneth |

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Superior Court of Santa Barbara County

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: _____

## 2. Jurisdiction of Office *(Check at least one box)*

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

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

- [x] **Annual:** The period covered is January 1, 2013, through December 31, 2013.
  -or-
  The period covered is ___/___/_____, through December 31, 2013.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - O The period covered is January 1, 2013, through the date of leaving office.
  - O 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:*** 1

- [ ] **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-

- [x] **None** - *No reportable interests on any schedule*

## 5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 2-2-15
*(month, day, year)*