

STATEMENT OF ECONOMIC INTERESTS

FILED

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER  
Filing Received  
Official Use Only

CG

COVER PAGE

FEB 25 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) ALAN CARLSON, Clerk of the Court  
WILSON PETER JOHN DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SUPERIOR COURT, ORANGE COUNTY  
Division, Board, Department, District, if applicable

Your Position  
SUPERIOR COURT JUDGE

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

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
15 MAR 19 PM 1:26

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 January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  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: 8

- 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

5. [Redacted Signature Area]

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

Date Signed 2/25/15  
(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.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

PETER WILSON

NAME OF BUSINESS ENTITY: P.E. PARTNERS III, LLC
GENERAL DESCRIPTION OF THIS BUSINESS
INVESTS IN BUSINESS VENTURES
FAIR MARKET VALUE: \$100,001 - \$1,000,000
NATURE OF INVESTMENT: LTD. LIAB. CO. INTEREST
IF APPLICABLE, LIST DATE: / / 14 ACQUIRED / / 14 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: / / 14 ACQUIRED / / 14 DISPOSED

NAME OF BUSINESS ENTITY: VP FUND INVESTMENTS 2004, LLC
GENERAL DESCRIPTION OF THIS BUSINESS
INVESTS IN BUSINESS VENTURES
FAIR MARKET VALUE: \$100,001 - \$1,000,000
NATURE OF INVESTMENT: LTD. LIAB. CO. INTEREST
IF APPLICABLE, LIST DATE: / / 14 ACQUIRED / / 14 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: / / 14 ACQUIRED / / 14 DISPOSED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
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NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE: / / 14 ACQUIRED / / 14 DISPOSED

Comments:





**SCHEDULE D**  
**Income – Gifts**

Name  
**PETER WILSON**

▶ NAME OF SOURCE *(Not an Acronym)*  
**ASSOCIATION OF BUSINESS TRIAL LAWYERS**  
ADDRESS *(Business Address Acceptable)*  
**8502 E CHAPMAN AVE, #443, ORANGE, CA 92689**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 14	\$ 77.00	DINNER@MEETING
02 / 15 / 14	\$ 90.00	DINNER@MEETING
04 / 09 / 14	\$ 77.00	DINNER@MEETING

▶ NAME OF SOURCE *(Not an Acronym)*  
**AMERICAN BOARD OF TRIAL ADVOCATES**  
ADDRESS *(Business Address Acceptable)*  
**2001 BRYAN ST, #3000,DALLAS,TX 75201**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 14	\$ 120.00	DINNER@MEETING
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**ASSOCIATION OF BUSINESS TRIAL LAWYERS**  
ADDRESS *(Business Address Acceptable)*  
**8502 E CHAPMAN AVE,#443,ORANGE, CA 92689**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 10 / 14	\$ 77.00	DINNER@MEETING
09 / 25 / 14	\$ 77.00	DINNER@MEETING
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**ORANGE COUNTY TRIAL LAWYERS ASSOC**  
ADDRESS *(Business Address Acceptable)*  
**23412 MOULTON PKWY #135, LAGUNA HILLS, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 14	\$ 125.00	DINNER@MEETING
02 / 27 / 14	\$ 80.00	DINNER@MEETING
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**ORANGE COUNTY BAR ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**PO BOX 6130, NEWPORT BEACH, CA 92658**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	\$ 50.00	DINNER@MEETING
10 / 06 / 14	\$ 50.00	DINNER@MEETING
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**UCI LAW SCHOOL**  
ADDRESS *(Business Address Acceptable)*  
**401 E PELTASON, IRVINE, CA 92697**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	\$ 175.00	DINNER @MEETING
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**PETER JOHN WILSON**

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA JUDGES ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**2520 VENTURE OAKS, SACRAMENTO, CA 95833**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 14	\$ 112.70	FOOD@MEETING
04 / 04 / 14	\$ 28.00	PARKING@MEETING
01 / 17 / 14	\$ 42.84	FOOD @MEETING

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA JUDGES ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**2520 VENTURE OAKS, SACRAMENTO, CA 95833**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 25 / 14	\$ 42.91	FOOD@MEETING
09 / 11 / 14	\$ 10.00	BEVERAGE@MEET
09 / 14 / 14	\$ 59.32	LUNCH@MEETING

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA JUDGES ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**2520 VENTURE OAKS, SACRAMENTO, CA 95833**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 14	\$ 34.33	FOOD@MEETING
05 / 02 / 14	\$ 63.58	FOOD@MEETING
06 / 02 / 14	\$ 144.32	FOOD@MEETING

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA JUDGES ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**2520 VENTURE OAKS, SACRAMENTO, CA 95833**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	\$ 266.39	ROOM@MEETING
11 / 07 / 14	\$ 194.88	FOOD@MEETING
11 / 07 / 14	\$ 62.70	PARKING@MEETING

▶ NAME OF SOURCE *(Not an Acronym)*  
**CALIFORNIA JUDGES ASSOCIATION**  
ADDRESS *(Business Address Acceptable)*  
**2520 VENTURE OAKS, SACRAMENTO, CA 95833**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 14	\$ 109.47	ROOM@MEETING
06 / 02 / 14	\$ 17.00	PARKING@MEETING
06 / 03 / 14	\$ 64.90	FOOD@MEETING

▶ 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: ALL THE AMOUNTS REPORTED ABOVE FROM THE CALIFORNIA JUDGES ASSOCIATION WERE INCURRED WHILE ATTENDING BOARD MEETINGS

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

Name  
 PETER WILSON

- 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)  
 CALIFORNIA JUDGES ASSOCIATION  
 ADDRESS (Business Address Acceptable)  
 2520 VENTURE OAKS WAY #150  
 CITY AND STATE  
 SACRAMENTO, CA 95833  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 289.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 AIRFARE AND PARKING AT BOARD MEETING

▶ NAME OF SOURCE (Not an Acronym)  
 CALIFORNIA JUDGES ASSOCIATION  
 ADDRESS (Business Address Acceptable)  
 2520 VENTURE OAKS WAY #150  
 CITY AND STATE  
 SACRAMENTO, CA 95833  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 316.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 AIRFARE AND TAXI TO ATTEND BOARD MEETING

▶ NAME OF SOURCE (Not an Acronym)  
 CALIFORNIA JUDGES ASSOCIATION  
 ADDRESS (Business Address Acceptable)  
 2520 VENTURE OAKS WAY #150  
 CITY AND STATE  
 SACRAMENTO, CA 95833  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 96.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 AUTO MILEAGE REIMBURSEMENT TO ATTEND  
 PLANNING MEETING

▶ NAME OF SOURCE (Not an Acronym)  
 CALIFORNIA JUDGES ASSOCIATION  
 ADDRESS (Business Address Acceptable)  
 2520 VENTURE OAKS WAY #150  
 CITY AND STATE  
 SACRAMENTO, CA 95833  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 74.68  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description  
 AUTO MILEAGE AND PARKING REIMBURSEMENT  
 TO ATTEND BOARD MEETING

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

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

Name  
 PETER JOHN WILSON

- 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)  
 ASSOCIATION OF BUSINESS TRIAL LAWYERS

ADDRESS (Business Address Acceptable)  
 8502 E CHAPMAN AVE #443

CITY AND STATE  
 ORANGE, CA 92689

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

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DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 331.38  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

TRAVEL REIMBURSEMENT TO ATTEND JOINT BOARD RETREAT WITH SPOUSE

▶ 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)  
 ASSOCIATION OF BUSINESS TRIAL LAWYERS

ADDRESS (Business Address Acceptable)  
 8502 E CHAPMAN AVE #443

CITY AND STATE  
 ORANGE, CA 92689

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

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DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 672.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

TRAVEL REIMBURSEMENT TO ATTEND ANNUAL SEMINAR WITH SPOUSE

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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