

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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CAMPAIGN FINANCE
DISCLOSURE SECTION

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
MAR 6 PM 3: 49

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WRIGHT VICTOR L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES SUPERIOR COURT

Division, Board, Department, District, if applicable

DEPARTMENT 5

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)

- 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: 4

- 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. Verification

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

Date Signed 2-19-15
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name VICTOR L. WRIGHT
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▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 UNIVERSITY OF SOUTHERN CALIFORNIA

ADDRESS (Business Address Acceptable)
 UNIVERSITY PARK, LOS ANGELES, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

Name
 VICTOR L. WRIGHT

- 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, SUITE 150
 CITY AND STATE
 SACRAMENTO, CALIFORNIA 95833
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 17 / 14 - ___ / ___ / ___ AMT: \$ 42.84
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 Board Meeting - Lunch

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

DATE(S): 05 / 02 / 14 - ___ / ___ / ___ AMT: \$ 207.90
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 Board Meeting - Lunch

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

DATE(S): 03 / 07 / 14 - ___ / ___ / ___ AMT: \$ 34.34
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 Board Meeting - Lunch

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

DATE(S): 06 / 02 / 14 - ___ / ___ / ___ AMT: \$ 126.40
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 Legislative Day and Scales of Justice Reception

Comments: _____

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

Name
 VICTOR L. WRIGHT

- 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, SUITE 150
 CITY AND STATE
 SACRAMENTO, CALIFORNIA 95833
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 06 / 03 / 14 (If gift) AMT: \$ 64.90

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Board Meeting - Lunch

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

DATE(S): 09 / 11 / 14 (If gift) AMT: \$ 10.00

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Board Meeting

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

DATE(S): 07 / 25 / 14 (If gift) AMT: \$ 42.91

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Board Meeting - Lunch

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

DATE(S): 09 / 14 / 14 (If gift) AMT: \$ 59.32

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Board Meeting - Lunch

Comments: _____