

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) INITIALS
Kruger Leondra R. FEB 26 11:09 AM '21

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Supreme Court of California
Division, Board, Department, District, if applicable
Your Position
Associate Justice
FEB 26 2021

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: _____ Position: _____
Jorge Navarrete Clerk
~~JORGE NAVARRETE~~
Deputy

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

- State Judge, Retired Judge, Pro Tem 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, 2020, through December 31, 2020.
- or- The period covered is _____ through December 31, 2020.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
- The period covered is January 1, 2020, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[Redacted Mailing Address]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed February 26, 2021
(month, day, year)

Signature [Redacted]

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <hr style="border: none; border-top: 1px solid black;"/>
Leondra R. Kruger

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <hr style="border: none; border-top: 1px solid black;"/>	NAME OF SOURCE OF INCOME <hr style="border: none; border-top: 1px solid black;"/>
Jenner & Block	
ADDRESS (Business Address Acceptable) <hr style="border: none; border-top: 1px solid black;"/>	ADDRESS (Business Address Acceptable) <hr style="border: none; border-top: 1px solid black;"/>
633 W. 5th St., Ste 3600, Los Angeles, CA 90071	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr style="border: none; border-top: 1px solid black;"/>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <hr style="border: none; border-top: 1px solid black;"/>
Law Firm	
YOUR BUSINESS POSITION <hr style="border: none; border-top: 1px solid black;"/>	YOUR BUSINESS POSITION <hr style="border: none; border-top: 1px solid black;"/>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small>
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
_____ <small>(Describe)</small>	_____ <small>(Describe)</small>
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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* <hr style="border: none; border-top: 1px solid black;"/>	INTEREST RATE <hr style="border: none; border-top: 1px solid black;"/>	TERM (Months/Years) <hr style="border: none; border-top: 1px solid black;"/>
ADDRESS (Business Address Acceptable) <hr style="border: none; border-top: 1px solid black;"/>	_____% <input type="checkbox"/> None	
BUSINESS ACTIVITY, IF ANY, OF LENDER <hr style="border: none; border-top: 1px solid black;"/>	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	
<input type="checkbox"/> \$1,001 - \$10,000	<small style="margin-left: 150px;">Street address</small>	
<input type="checkbox"/> \$10,001 - \$100,000	_____ <small style="margin-left: 150px;">City</small>	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____	
	<small style="margin-left: 150px;">(Describe)</small>	

Comments: _____

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

Name
 Leondra R. Kruger

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 University of Southern California

ADDRESS (Business Address Acceptable)
 699 W. Exposition Boulevard

CITY AND STATE
 Los Angeles, California 90089

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

DATE(S): 03 / 06 / 20 - 03 / 06 / 20 AMT: \$ 449.60
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 Los Angeles, California

▶ NAME OF SOURCE (Not an Acronym)
 Harvard Law School

ADDRESS (Business Address Acceptable)
 1525 Massachusetts Avenue

CITY AND STATE
 Cambridge, MA 02138

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

DATE(S): 03 / 09 / 20 - 03 / 11 / 20 AMT: \$ 1,437.30
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
 Cambridge, Massachusetts

▶ 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)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ 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)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____