

**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) **FEB 29 PM 1:38**  
Guerrero Patricia

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Supreme Court of California

Division, Board, Department, District, if applicable

Your Position

SUPREME COURT

FILED

FEB 27 2024

Judge

Jorge Navarrete Clerk

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

Agency: Judicial Council

Position: Chair

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, 2023, through  
December 31, 2023.

-or-

The period covered is 01 / 02 / 2023, through  
December 31, 2023.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

☐ The period covered is January 1, 2023, through the date  
of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Candidate:** Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 5

**Schedules attached**

☐ **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**

MAILING ADDRESS STREET CITY STATE ZIP CODE

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

2/26/24  
(month, day, year)

Signature



<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>	
Name <u>Patricia Guerrero</u>	

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

---

CITY

---

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

       /        / 23             /        / 23

ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold \_\_\_\_\_ ☐ \_\_\_\_\_

Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

NAME OF LENDER\*

---

ADDRESS (*Business Address Acceptable*)

---

BUSINESS ACTIVITY, IF ANY, OF LENDER

---

INTEREST RATE                      TERM (Months/Years)

\_\_\_\_\_ %        ☐ None                      \_\_\_\_\_

---

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000                      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000                  ☐ OVER \$100,000

☐ Guarantor, if applicable

FPPC Form 700 - Schedule B (2023/2024)  
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov  
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# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Patricia Guerrero

▶ NAME OF SOURCE (Not an Acronym)		
Hon. Richard A. Honn		
ADDRESS (Business Address Acceptable)		
180 Howard St., San Francisco, CA 94105		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 01 / 23	\$ 87.18	Lunch Event
/  /	\$	
/  /	\$	

▶ 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)
/  /	\$	
/  /	\$	
/  /	\$	

▶ 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)
/  /	\$	
/  /	\$	
/  /	\$	

▶ 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)
/  /	\$	
/  /	\$	
/  /	\$	

▶ 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)
/  /	\$	
/  /	\$	
/  /	\$	

▶ 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: \_\_\_\_\_

\_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Patricia Guerrero

- 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)  
American Academy of Matrimonial Lawyers (President Ira Friedman)

ADDRESS (Business Address Acceptable)  
9454 Wilshire Boulevard, Suite 313

CITY AND STATE  
Beverly Hills, CA 90212-2904

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

DATE(S): 01 / 14 / 23 - 01 / 15 / 23 AMT: \$ 944.51  
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description  
Travel reimbursement (hotel accommodations)

▶ If Gift, Provide Travel Destination  
Newport Beach

▶ 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: \$ \_\_\_\_  
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