

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left / /
(Check one circle below.)

-or-

The period covered is / /, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed / /

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

Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required)

► Total number of pages including this cover page:

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

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)

DAYTIME TELEPHONE NUMBER

EMAIL 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 (month, day, year)

Signature *Robin Abad Ocubillo*
(File the originally signed paper statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

- 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 <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
▶ MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel
Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE <i>(Not an Acronym)</i>
ADDRESS <i>(Business Address Acceptable)</i>
CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ <i>(If gift)</i>
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Other - Provide Description _____
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▶ MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel
Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: _____
