

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received

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

Cummings, James Daniel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Bar of California

Division, Board, Department, District, if applicable

Your Position

Board of Trustees

Board Member

► 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.

-or-

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

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle below.)☐ The period covered is January 1, 2025, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.☒ **Assuming Office:** Date assumed 09 / 01 / 2026☐ **Candidate:** Date of Election and office sought, if different than Part 1:**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

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)

180 Howard Street San Francisco CA 94105

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(415) 538-2000 james.cummings@calbar.ca.gov

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 09/29/2026
(month, day, year)Signature James Daniel Cummings
(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Cummings, James Daniel

▶ 1. BUSINESS ENTITY OR TRUST

Sobranes Consulting

Name
26621 Carmel Ctr Place
Carmel, CA 93923

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS

Consulting Services

FAIR MARKET VALUE☒ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**
 ____/____/25
ACQUIRED

 ____/____/25
DISPOSED
NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC ☐ Other
YOUR BUSINESS POSITION None; spousal business**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS**FAIR MARKET VALUE**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**
 ____/____/25
ACQUIRED

 ____/____/25
DISPOSED
NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)☒ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**
☒ None or ☐ Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**
 ____/____/25
ACQUIRED

 ____/____/25
DISPOSED
NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**
☐ None or ☐ Names listed below
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Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000**IF APPLICABLE, LIST DATE:**
 ____/____/25
ACQUIRED

 ____/____/25
DISPOSED
NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____