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STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE



CITY OF LA QUINTA  
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) Bender (EVANS) (FIRST) Linda (MIDDLE) Marie

1. Office, Agency, or Court

Agency Name City of La Quinta, CA  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Coachella Valley Assoc of Governments Position: Comm Mem: Conserv Com; Energy&Environ

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

- State
- Multi-County \_\_\_\_\_
- City of La Quinta
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, 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 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



herein and in any attached schedules is true and complete. I do  
I certify under penalty of perjury under the laws of the State

Date Signed 03/28/2013  
(month, day, year)

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bender (EVANS) Linda Marie

1. Office, Agency, or Court

Agency Name  
City of La Quinta, CA  
Division, Board, Department, District, if applicable  
Your Position  
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Greater Palms Springs Conv & Visitors Bureau Position: Joint Powers Authority - Board Member

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of
- City of La Quinta  Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.  Leaving Office: Date Left / / (Check one)
- or- The period covered is / / through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed / /  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: 3

- 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



herein and in any attached schedules is true and complete. I ac  
I certify under penalty of perjury under the laws of the State

Date Signed 03/28/2013  
(month, day, year)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**Linda Bender (EVANS)**

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <b>JFK Memorial Hospital</b>	NAME OF SOURCE OF INCOME <b>Home Depot, USA, Inc.</b>
ADDRESS (Business Address Acceptable) <b>47-111 Monroe Street, Indio, CA 92201</b>	ADDRESS (Business Address Acceptable) <b>2455 Paces Ferry Road, Atlanta, GA 30339</b>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Salary - Job</b>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <b>Salary - Job</b>
YOUR BUSINESS POSITION <b>Director, Physician &amp; Community Development</b>	YOUR BUSINESS POSITION <b>Tim Bender - Spouse - Sales Associate</b>
GROSS INCOME RECEIVED <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	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<small>Street address</small>
		_____
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name:  
**Linda Bender (EVANS)**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Petra Wong, MD - Cerritos Family Medical**

ADDRESS *(Business Address Acceptable)*  
**19151 Bloomfield Avenue, Cerritos, CA 90703**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Physician & Friend**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 12	\$ 400.00	2 tix - Coachella Fest
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Frank Oriett - Burrtec Waste & Recycling & EDCO**

ADDRESS *(Business Address Acceptable)*  
**41575 Eclectic Street, Palm Desert, CA 92260**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste & Recycling Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 12	\$ 50.00	Costume - United Way
03 / 25 / 12	\$ 300.00	2 tix - NASCAR Race
09 / 06 / 12	\$ 60.00	League - Meal/Recept

▶ NAME OF SOURCE *(Not an Acronym)*  
**Helene LeClair - Desert Oasis Healthcare**

ADDRESS *(Business Address Acceptable)*  
**275 N. El Cielo Road, Palm Springs, CA 92262**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Medical Group**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 12	\$ 300.00	Desert Town Hall Talk
10 / 29 / 12	\$ 100.00	Mary Bono Mack Recp
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Mark Anderson - The Buzz Factory**

ADDRESS *(Business Address Acceptable)*  
**1801 E. Tahquitz Canyon Way, #101, PS, CA 92262**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Marketing-PR Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 12	\$ 300.00	Desert Town Hall Talk
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_