

GZ

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

RECEIVED BY
SACRAMENTO COUNTY
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Please type or print in ink.

2013 MAR -8 AM 11:47

NAME OF FILER (LAST) **LENCH** (FIRST) **LISA** (MIDDLE) **BONINIE**

1. Office, Agency, or Court

Agency Name **LDS ANGELES SUPERIOR COURT**
Division, Board, Department, District, if applicable _____ Your Position **JUDGE**

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

Agency: _____ Position: _____

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

State 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, 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: _____

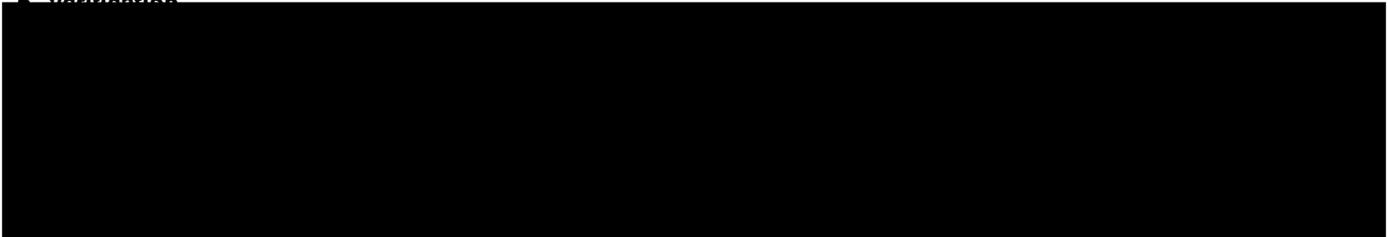
4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: 3**

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



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

Date Signed 2/27/13
(month, day, year)

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

Name
USA B. LENCH

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA JUDGES ASSOCIATION (CJA)
 ADDRESS (Business Address Acceptable)
2520 Venture Oaks Way Ste 150
 CITY AND STATE
Sacramento, CA 95833-4228
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Association
 DATE(S): 02/25/12 / / AMT: \$ 52⁰⁰
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
meal for attendance at ethics committee meeting

▶ NAME OF SOURCE (Not an Acronym)
CJA
 ADDRESS (Business Address Acceptable)
same
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 07/28/12 / / AMT: \$ 54⁰⁰
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
meal for attendance at ethics committee meeting

▶ NAME OF SOURCE (Not an Acronym)
CJA
 ADDRESS (Business Address Acceptable)
same
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 10/11/12 / / AMT: \$ 48⁰⁰
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
meal for attendance at ethics committee meeting

▶ NAME OF SOURCE (Not an Acronym)
CJA
 ADDRESS (Business Address Acceptable)
same
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 10/14/12 / / AMT: \$ 331⁰⁴
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
transportation + meal at executive board meeting

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
LISA B. LENCH

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
CJA

ADDRESS (Business Address Acceptable)
Same

CITY AND STATE _____

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

DATE(S): 11/09/12 - 11/10/12 AMT: \$ 518⁶⁰
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
transportation, lodging, meals at executive board retreat

▶ NAME OF SOURCE (Not an Acronym)
CJA

ADDRESS (Business Address Acceptable)
Same

CITY AND STATE _____

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

DATE(S): 12/15/12 AMT: \$ 52⁰⁰
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
meal at ethics committee meeting

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____