

AN

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

GZ

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
COVER PAGE
PRACTICES COMMISSION

FEB 21 2013

Please type or print in ink.

NAME OF FILER

BANKS

(LAST)

2013 MAR FIRST PM 1:15
ANDREW

ALAN CARLSON, Clerk of the Court
(MIDDLE)

BY: PATRICK DEPUTY

1. Office, Agency, or Court

Agency Name

SUPERIOR COURT, ORANGE COUNTY

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.

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

5.

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

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

Date Signed

2-21

(month, day, year)

2-21-13

(File the originally signed statement with your filing official.)

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

Name
Andrew P. Banks

- 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) *Association of Business Trial Lawyers*

ADDRESS (Business Address Acceptable) *8502 E. CHATMAN AVE. # 403*

CITY AND STATE *ORANGE CA*

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Attorney Bar Assn.

DATE(S): ____/____/____ AMT: \$ *4,122.43*
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Member of Board of Governors; monthly Board & dinner meetings & Attendance at annual Seminar, attendance at Joint Board Retreats (both

▶ NAME OF SOURCE (Not an Acronym) *Statewide)*

ADDRESS (Business Address Acceptable) *Reimbursement of*

CITY AND STATE *Registration fees, Travel & Hotel Costs*

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

▶ 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: _____