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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

SANTA BARBARA COUNTY
SUPERIOR COURT HUMAN RESOURCES
Stephanie Bellis

Please type or print in ink.

2013 MAR -8 AM 11:25

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DANDONA JEAN MARIE

1. Office, Agency, or Court

Agency Name
SANTA BARBARA 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
- Multi-County _____
- City of _____
- 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 ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 2
- 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 information and in any attached schedules is true and complete.

Date Signed 02/28/2013
(month, day, year)

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

- 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)
 ADMINISTRATIVE OFFICE OF THE COURTS

ADDRESS (Business Address Acceptable)
 CJER-6TH FLOOR - 455 GOLDEN GATE AVENUE

CITY AND STATE
 SAN FRANCISCO, CA 94102

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

DATE(S): 06/20/12 - 06/22/12 AMT: \$ 168.00
 (If gift)

TYPE OF PAYMENT (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

JUDICIAL EDUCATION-EVIDENCE IN CIVIL & CRIMINAL CASES (SAN BERNARDINO SUPR. CT.)

▶ 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

▶ 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: TRAVEL PAYMENT