

STATEMENT OF ECONOMIC INTERESTS

SCANNED

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POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST)	2015 (FIRST) 3 PM 2:38	RECEIVED (MIDDLE)
BENDER (EVANS)	LINDA	MAR 30 2015
		CITY OF LA QUINTA CITY CLERK DEPARTMENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of La Quinta, California

Division, Board, Department, District, if applicable

Your Position  
Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attachment for other positions/agencies Position: \_\_\_\_\_

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of La Quinta	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2014, through December 31, 2014.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)
-or- The period covered is ____/____/____, through December 31, 2014.	<input type="checkbox"/> The period covered is January 1, 2014, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> 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: 5

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input checked="" type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- <input type="checkbox"/> None - No reportable interests on any schedule	

Date Signed 03/29/2015  
(month, day, year)

**California Form 700 - STATEMENT OF ECONOMIC INTERESTS - ATTACHMENT**

**Annual Statement: January 1, 2014 through December 31, 2014**

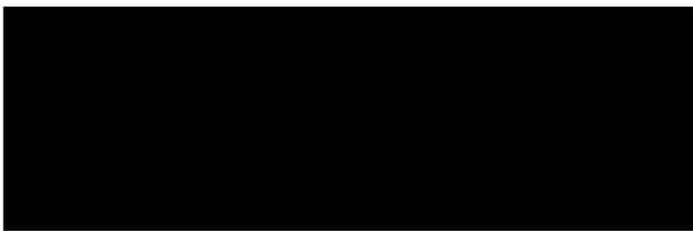
**NAME: Linda Bender (EVANS)**

**AGENCY: City of La Quinta**

**POSITION(S): Council Member from 1/1/14 to 12/1/14  
Mayor from 12/2/14-12/31/14**

**1. Office, Agency, or Court**

<b><u>Agency</u></b>	<b><u>Position</u></b>
City of La Quinta, California	Mayor
Coachella Valley Association of Governments	General Assembly / Executive Committee
Coachella Valley Association of Governments	Member, Conservation Commission
Coachella Valley Association of Governments	Member, Energy & Environmental Commission
Coachella Valley Association of Governments	Member, Coachella Valley Electric Plug-In Vehicle Committee
Coachella Valley Association of Governments	Alternate Member, Homelessness Committee
Southern California Association of Governments	Delegate Member - La Quinta Mayor
Greater Palm Springs Convention & Visitors Bureau	Chair, Joint Powers Authority Board of Directors



3/29/15  
Date

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Linda Bender (EVANS)
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**JFK Memorial Hospital, Inc.**

ADDRESS (Business Address Acceptable)  
**47-111 Monroe Street, Indio, CA 92201**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Salary - Job**

YOUR BUSINESS POSITION  
**Director, Business Development**

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**Tenet Healthsystem Medical, Inc.**

ADDRESS (Business Address Acceptable)  
**1445 Ross Avenue, Suite 1400, Dallas, TX 75202**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Salary - Job**

YOUR BUSINESS POSITION  
**Chief Development Officer**

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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

**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

NAME OF SOURCE OF INCOME  
 City of La Quinta

ADDRESS (Business Address Acceptable)  
 78-495 Calle Tampico, La Quinta, CA 92253

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Salary - Elected Official

YOUR BUSINESS POSITION  
 Mayor

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Home Depot USA, Inc.

ADDRESS (Business Address Acceptable)  
 2455 Paces Ferry Road, Atlanta, GA 30339

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Salary - Job

YOUR BUSINESS POSITION  
 Tim Bender - Spouse - Sales Associate

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary       Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

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

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

Name  
**Linda Bender (EVANS)**

▶ NAME OF SOURCE (Not an Acronym)  
**Petra Wong, MD**  
 ADDRESS (Business Address Acceptable)  
**3801 Katella Ave., Suite 300, Los Alamitos, CA 90720**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Physician & Friend**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 14	\$ 400.00	2 Tix - Coachella Fest
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Frank Orlett - Burrtec Waste & Recycling & EDCO**  
 ADDRESS (Business Address Acceptable)  
**41575 Eclectic St., Palm Desert, CA 92260**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste & Recycling Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 14	\$ 300.00	2 tix - NASCAR Race
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Helene Leclair - Desert Oasis Healthcare**  
 ADDRESS (Business Address Acceptable)  
**275 N. El Cielo Rd., Palm Springs, CA 92262**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Medical Group**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 14	\$ 300.00	Desert Town Hall Forum
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Andrea Carter & Associates**  
 ADDRESS (Business Address Acceptable)  
**P.O. Box 5871, La Quinta, CA 92253**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Marketing & PR Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 29 / 14	\$ 200.00	Tix - Shelter/Storm Gal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Desert Valley Builders Association**  
 ADDRESS (Business Address Acceptable)  
**75100 Mediterranean, Palm Desert, CA 92211**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Construction & Building**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 14	\$ 75.00	Fundraising PAC event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_