

STATEMENT OF ECONOMIC INTERESTS

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER
Date Initial Filing
FEB 06 2015
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CW COVER PAGE

ALAN CARLSON, Clerk of the Court

Please type or print in ink.

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1. Office, Agency, or Court

Agency Name (Do not use acronyms) Superior Court of California, County of Orange
Division, Board, Department, District, If applicable _____
Your Position JUDGE

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

Agency: _____ Position: _____

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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, 2014, through December 31, 2014.
-or-
The period covered is _____, through December 31, 2014.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, (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." 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

► Total number of pages including this cover page: 2

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

Date Signed Feb. 6, 2015
(month, day, year)

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

Name
Banks, Andrew

- 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. CHAPMAN AVE # 403

CITY AND STATE ORANGE CA.

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEY BAR ASSOCIATION

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 3704.31
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description ON BOARD OF GOVERNORS, Attendance at meetings, Annual Education Seminar and

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: Statewide Board Meetings, reimbursements for air travel, hotel and registration charges, transportation, including monthly meeting meals