

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing  
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**COVER PAGE**

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CW

RECEIVED BY  
LOS ANGELES COUNTY

NAME OF FILER (LAST) BENDIX (FIRST) HELEN (MIDDLE) IRENE  
2015 FEB 20 PM 12:39

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

Agency Name (Do not use acronyms)

LOS ANGELES SUPERIOR COURT  
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: \_\_\_\_\_

**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)**

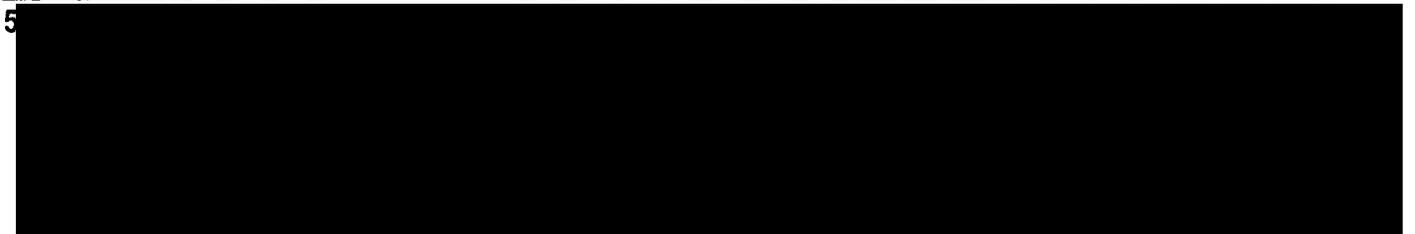
- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date 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."

► Total number of pages including this cover page: 6

- 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**



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed February 20, 2015  
(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Helen Bendix

NAME OF BUSINESS ENTITY  
~~XXXXXXXXXX~~ INTEL

GENERAL DESCRIPTION OF THIS BUSINESS  
~~GENERAL~~ TECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
QUALCOMM

GENERAL DESCRIPTION OF THIS BUSINESS  
TECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
IBM

GENERAL DESCRIPTION OF THIS BUSINESS  
TECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS  
DIVERSIFIED

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
~~XXXXXXXXXX~~

GENERAL DESCRIPTION OF THIS BUSINESS  
~~XXXXXXXXXX~~

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
MICROSOFT

GENERAL DESCRIPTION OF THIS BUSINESS  
TECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Helen Bondx

▶ NAME OF BUSINESS ENTITY  
~~XXXXXXXXXX~~ CHEVRON

GENERAL DESCRIPTION OF THIS BUSINESS  
~~XXXXXXXXXX~~ PETROLEUM

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

▶ NAME OF BUSINESS ENTITY  
AMERICAN EXPRESS

GENERAL DESCRIPTION OF THIS BUSINESS  
FINANCIAL SERVICES

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

▶ NAME OF BUSINESS ENTITY  
WALMART

GENERAL DESCRIPTION OF THIS BUSINESS  
RETAIL

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

▶ NAME OF BUSINESS ENTITY  
UNITED PARCEL SERVICES

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

▶ NAME OF BUSINESS ENTITY  
~~XXXXXXXXXX~~ ABBVIE INC

GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICAL

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

▶ NAME OF BUSINESS ENTITY  
ATT

GENERAL DESCRIPTION OF THIS BUSINESS  
COMMUNICATIONS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                    DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Helen Bondx

NAME OF BUSINESS ENTITY  
~~XXXXXXXXXX~~

GENERAL DESCRIPTION OF THIS BUSINESS  
~~XXXXXXXXXX~~

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
EXPRESS SCRIPTS HLDG

GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICALS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
MONSANTO

GENERAL DESCRIPTION OF THIS BUSINESS  
CHEMICALS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
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 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
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 Partnership     Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000

NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
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 \_\_\_\_/\_\_\_\_/14    \_\_\_\_/\_\_\_\_/14  
 ACQUIRED    DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name  
Helen Bondx

▶ NAME OF BUSINESS ENTITY  
~~██████████~~ BANK OF AMERICA  
 GENERAL DESCRIPTION OF THIS BUSINESS  
FINANCIAL SERVICES  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
AMGEN  
 GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICALS  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
PROCTOR & GAMBLE  
 GENERAL DESCRIPTION OF THIS BUSINESS  
CONSUMER GOODS  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
EXXON  
 GENERAL DESCRIPTION OF THIS BUSINESS  
PETROLEUM  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
UCLA DEFERRED 403(b) PLAN  
 GENERAL DESCRIPTION OF THIS BUSINESS  
NON-REPORTABLE ASSETS  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
ABBOTT  
 GENERAL DESCRIPTION OF THIS BUSINESS  
PHARMACEUTICALS  
 FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
 \$100,001 - \$1,000,000     Over \$1,000,000  
 NATURE OF INVESTMENT  
 Stock     Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)  
 IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14    \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                      DISPOSED

Comments:

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

Name  
Helene Leal

- 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)  
PERLIN NAT'L ASBESTOS CONF.

ADDRESS (Business Address Acceptable)  
200 COLD STREAM DRIVE

CITY AND STATE  
BERWYN PA 19132

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SPEAKER AT CONFERENCE OF ASBESTOS LEGALISTS IN SAN FRANCISCO

DATE(S): 11/11/11 AMT: \$ 1,000.00  
(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)  
CONSUMER ATTORNEYS OF LOS ANGELES

ADDRESS (Business Address Acceptable)  
800 W Sixth St, # 700

CITY AND STATE  
LOS ANGELES CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SPEAKER IN ANNUAL CONVENTION IN LAS VEGAS

DATE(S): 11/11/11 AMT: \$ 712.28  
(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: \_\_\_\_\_