

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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Date Initial Filing  
15 MAR -2 PM  
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EXEC. OFFICER/CLERK  
L.A. SUPERIOR COURT

Please type or print in ink.

NAME OF FILER (LAST) LENCH (FIRST) LISA (MIDDLE) BONNIE

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

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.

Leaving Office: Date Left \_\_\_\_\_ (Check one)

-or-  
The period covered is \_\_\_\_\_ through December 31, 2014.

The period covered is January 1, 2014, 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: 4

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. Verification

Date Signed 2/25/15  
(month, day, year)

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FAIR POLITICAL  
PRACTICES COMMISSION  
15 MAR -9 PM 3:12

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

Name  
LISA B. Lench

- 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)  
California Judges Assn (CJA)  
 ADDRESS (Business Address Acceptable)  
2520 Venture Oaks Way, Suite 150  
 CITY AND STATE  
Sacramento, CA 95833

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

DATE(S): 01, 17, 14 AMT: \$ 42<sup>84</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Executive Board meeting - meals

▶ NAME OF SOURCE (Not an Acronym)  
CJA  
 ADDRESS (Business Address Acceptable)  
same  
 CITY AND STATE

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

DATE(S): 03, 07, 14 AMT: \$ 224<sup>48</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec. Board mtg meals + travel

▶ NAME OF SOURCE (Not an Acronym)  
CJA  
 ADDRESS (Business Address Acceptable)  
same  
 CITY AND STATE

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

DATE(S): 04, 26, 14 AMT: \$ 267<sup>88</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Ethics Comm mtg - meals + travel

▶ NAME OF SOURCE (Not an Acronym)  
CJA  
 ADDRESS (Business Address Acceptable)  
same  
 CITY AND STATE

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

DATE(S): 05, 02, 14 AMT: \$ 343<sup>42</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec Bd. mtg meals + travel

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Lisa B. Lench

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▶ NAME OF SOURCE (Not an Acronym)  
CJA

ADDRESS (Business Address Acceptable)  
SAME

CITY AND STATE

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

DATE(S): 06/02/14 - 06/03/14 AMT: \$ 174<sup>30</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec Bd mtgs + reception - meals + travel + lodging

▶ NAME OF SOURCE (Not an Acronym)  
CJA

ADDRESS (Business Address Acceptable)  
SAME

CITY AND STATE

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

DATE(S): 07/12/14 AMT: \$ 75<sup>98</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Ethics Comm mtg meals

▶ NAME OF SOURCE (Not an Acronym)  
CJA

ADDRESS (Business Address Acceptable)  
SAME

CITY AND STATE

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

DATE(S): 07/25/14 AMT: \$ 42<sup>91</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec Bd mtg - meals

▶ NAME OF SOURCE (Not an Acronym)  
CJA

ADDRESS (Business Address Acceptable)  
SAME

CITY AND STATE

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

DATE(S): 09/11/14 - 09/14/14 AMT: \$ 354<sup>00</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec Bd and Ethics Comm mtgs - meals + travel

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Lisa B. Lench

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▶ NAME OF SOURCE (Not an Acronym)  
CJA

ADDRESS (Business Address Acceptable)  
SAME

CITY AND STATE \_\_\_\_\_

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

DATE(S): 11/07/14 - 11/08/14 AMT: \$ 747<sup>41</sup>  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Exec Bd mtg - meals + travel + lodging

▶ 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: \_\_\_\_\_