

STATEMENT OF ECONOMIC INTERESTS

FILED

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER Only

COVER PAGE

FEB 25 2015

Please type or print in ink.

CG

NAME OF FILER (LAST) SANDERS (FIRST) GLENDA  
ALAN CARLSON, Clerk of the Court  
BY: (NONE) [Signature] DEPUTY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
SUPERIOR COURT, ORANGE COUNTY  
Division, Board, Department, District, if applicable  
Your Position  
SUPERIOR COURT JUDGE

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
FEB 25 9 11:24 AM

► 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

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

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

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



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

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br><b>GLEND A SANDERS</b> |
|---|

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**P.E. PARTNERS III, LLC**

ADDRESS (Business Address Acceptable)  
**555 W 5TH ST, LOS ANGELES, CA 90013**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INVESTMENTS**

YOUR BUSINESS POSITION  
**NONE**

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  
**VP FUND INVESTMENTS 2004, LLC**

ADDRESS (Business Address Acceptable)  
**555 W 5TH ST., LOS ANGELES, CA 90013**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**INVESTMENTS**

YOUR BUSINESS POSITION  
**NONE**

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  
**GLEND A SANDERS**

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
**LATHAM & WATKINS LLP**

ADDRESS (Business Address Acceptable)  
**555 W 5TH ST, LOS ANGELES, CA 90013**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LAW FIRM**

YOUR BUSINESS POSITION  
**NONE**

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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  
**GLEND A SANDERS**

▶ NAME OF SOURCE (Not an Acronym)  
**ASSOCIATION OF BUSINESS TRIAL LAWYERS**  
ADDRESS (Business Address Acceptable)  
**8502 E CHAPMAN AVE, #443, ORANGE, CA 92689**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 14 / 14    | \$ 77.00 | DINNER @ MEETING       |
| 02 / 15 / 14    | \$ 90.00 | DINNER @ MEETING       |
| 04 / 09 / 14    | \$ 77.00 | DINNER @ MEETING       |

▶ NAME OF SOURCE (Not an Acronym)  
**ASSOCIATION OF BUSINESS TRIAL LAWYERS**  
ADDRESS (Business Address Acceptable)  
**8502 E CHAPMAN AVE, #443, ORANGE, CA 92689**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 10 / 14    | \$ 77.00 | DINNER @ MEETING       |
| 09 / 25 / 14    | \$ 77.00 | DINNER @ MEETING       |
| ___ / ___ / ___ | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**ORANGE COUNTY BAR ASSOCIATION**  
ADDRESS (Business Address Acceptable)  
**PO BOX 6130, NEWPORT BEACH, CA 92658**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 16 / 14    | \$ 50.00 | DINNER @ MEETING       |
| 10 / 06 / 14    | \$ 50.00 | DINNER @ MEETING       |
| ___ / ___ / ___ | \$       |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**AMERICAN BOARD OF TRIAL ADVOCATES**  
ADDRESS (Business Address Acceptable)  
**2001 BRYAN ST, #3000, DALLAS, TX 75201**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 25 / 14    | \$ 120.00 | DINNER @ MEETING       |
| ___ / ___ / ___ | \$        |                        |
| ___ / ___ / ___ | \$        |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**ORANGE COUNTY TRIAL LAWYERS ASSOC**  
ADDRESS (Business Address Acceptable)  
**23412 MOULTON PKWY #135, LAGUNA HILLS, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 01 / 14    | \$ 125.00 | DINNER @ MEETING       |
| 02 / 27 / 14    | \$ 80.00  | DINNER @ MEETING       |
| ___ / ___ / ___ | \$        |                        |

▶ NAME OF SOURCE (Not an Acronym)  
**UCI LAW SCHOOL**  
ADDRESS (Business Address Acceptable)  
**401 E. PELTASON, IRVINE, CA 92697**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 16 / 14    | \$ 175.00 | DINNER @ MEETING       |
| ___ / ___ / ___ | \$        |                        |
| ___ / ___ / ___ | \$        |                        |

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

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

Name  
**GLEND A SANDERS**

- 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 #443**

CITY AND STATE  
**ORANGE, CA 92689**

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ **513.67**  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

**TRAVEL REIMBURSEMENT FOR JOINT BOARD RETREAT**

▶ 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)  
**ASSOCIATION OF BUSINESS TRIAL LAWYERS**

ADDRESS (Business Address Acceptable)  
**8502 E CHAPMAN AVE #443**

CITY AND STATE  
**ORANGE, CA 92689**

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

---

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ **2,300.76**  
*(If gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

**TRAVEL REIMBURSEMENT TO ATTEND ANNUAL SEMINAR AS BOARD MEMBER**

▶ 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: \_\_\_\_\_