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CITY OF LA QUINTA
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 11 APR -7 PM 3:37

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bender (EVANS)	Linda	Marie

1. Office, Agency, or Court

Agency Name: City of La Quinta, Calif.

Division, Board, Department, District, if applicable

Your Position: City Council Member - Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment.

Agency: Coachella Valley Association of Government

Position: Alternate Board Member - Committee

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of La Quinta, CA
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ **Assuming Office:** Date ____/____/____

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____ *(Check one)*

○ The period covered is January 1, 2010, 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:** 4

- ☐ **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*

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

Date Signed 3/31/11 *(month, day, year)*

Signatu

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
Tenet HealthSystem Medical, Inc.

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Salary - Job

YOUR BUSINESS POSITION
Director, Physician & Community 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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Home Depot, U.S.A., 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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Linda Bender (EVANS)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Keith MacGlashan - Snap-on Tools
ADDRESS *(Business Address Acceptable)*
3011 E. Route 176, Door 18, Crystal Lake, IL 60014
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chicago Regional Manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 21 / 10	$ 398.00	2 tix-NASCAR Race
/ /	$	
/ /	$	

► NAME OF SOURCE
Frank Spevacek - RSG
ADDRESS *(Business Address Acceptable)*
309 West 4th Street, Santa Ana, CA 92701-4502
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 10	$ 80.00	Dinner @ League Conf
/ /	$	
/ /	$	

► NAME OF SOURCE
Mindy Davis
ADDRESS *(Business Address Acceptable)*
47810 Via Firenze, La Quinta, CA 92253
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Neighbor & Friend

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 10	$ 398.00	2 tix - NASCAR Race
/ /	$	
/ /	$	

► NAME OF SOURCE
Kathy Jensen - Rutan & Tucker
ADDRESS *(Business Address Acceptable)*
611 Anton Blvd., 14th Floor, Costa Mesa, CA 92626
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 15 / 10	$ 80.00	Dinner @ League Conf
/ /	$	
/ /	$	

► NAME OF SOURCE
Lynn F. Coker - NAI Capital Comm. Real Estate
ADDRESS *(Business Address Acceptable)*
74199 El Paseo, Suite 103, Palm Desert, CA 92260
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Real Estate Broker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 10	$ $30.00	Breakfast Forum
/ /	$	
/ /	$	

► NAME OF SOURCE
Frank Orlett - Burrtec Waste Industries & EDCO
ADDRESS *(Business Address Acceptable)*
41575 Eclectic Street, Palm Desert, CA 92260
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste & Recycling Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 16 / 10	$ $200.00	Recept-League Conf.
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
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Name
Linda Bender (EVANS)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Women Leaders Forum - Coachella Valley
ADDRESS *(Business Address Acceptable)*
74923 Hwy 111, PMB 129, Indian Wells, CA 92210
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 10	$ 100.00	Membership Dues
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
Steffani Miller, Roemer & Harnik
ADDRESS *(Business Address Acceptable)*
45025 Manitou Drive, Indian Wells, CA 92210
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Paralegal - lawfirm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / / 10	$ $250.00	2 tix-Animal Samaritan
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: