CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSI
11 APR -5 AM 9:07

Please type or print in ink.

NAME OF FILER (LAST): Hernandez (FIRST): Steven (MIDDLE): A.

1. Office, Agency, or Court

Agency Name: City of Coachella

Division, Board, Department, District, if applicable:

Your Position: Council member

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

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Coachella
- ☐ 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:** _____

- ☐ **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 have used all reasonable diligence in preparing this statement. I have reviewed this
herein and in any attached schedules is true and complete. I acknowledge this is a

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

Date Signed March 29, 2011 *(month, day, year)* **Signatur**

EDA Thermal Airport

RCTC

CVCC

Sunline

CVWD

CVAG

CVMVC

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Riverside County EDA.
ADDRESS *(Business Address Acceptable)*
3403 10th St, Suite 300 Riverside 92501
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Riverside County Econ Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/10/10	$ 60 X 4	Tennis Tour tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
NALEO
ADDRESS *(Business Address Acceptable)*
1122 W Washington Blvd LA CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit, National Alliance for Latino Elected Official Education Fund

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/1/10	$ 400	Airfare Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
Golden Voice
ADDRESS *(Business Address Acceptable)*
Empire Polo Club Bl 800 Ave 51 Indio 92201
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Music promoter / Coachella Music Festival

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/7/10	$ 100	festival Tickets
/ /	$	
/ /	$	

► 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: