

**STATEMENT OF ECONOMIC INTERESTS**

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

2011 MAR 31 PM 2: 25

Please type or print in ink.

NAME OF FILER (LAST) Benavides (FIRST) Pablo (MIDDLE) DAVID  
**CITY OF SANTA ANA  
CLERK OF COUNCIL**

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

Agency Name  
City of Santa Ana  
Division, Board, Department, District, if applicable  
City Council - Ward 4 Your Position  
Councilmember

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

Agency: Orange County Sanitation District Position: Board Member - alternate

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

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Santa Ana  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010. (Check one)  
 Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2010, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  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: 3

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 3/31/11  
(month, day, year)

Signature



**SCHEDULE D**  
**Income – Gifts**

Name  
Benavides, Pablo David

▶ NAME OF SOURCE  
Norma Guillen  
 ADDRESS (Business Address Acceptable)  
650 Town Center Dr., Costa Mesa, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 10</u>	<u>\$ 150</u>	<u>concert tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
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▶ NAME OF SOURCE  
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 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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▶ NAME OF SOURCE  
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 ADDRESS (Business Address Acceptable)  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_