

STATEMENT OF ECONOMIC INTERESTS

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MAR 31 2011

CITY CLERK  
CITY OF SAN FERNANDO

Please type or print in ink.

NAME OF FILER (LAST) Hernandez (FIRST) Mario (MIDDLE)

1. Office, Agency, or Court

Agency Name  
City Council Member  
Division, Board, Department, District, if applicable  
Your Position  
Mayor

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

Agency: San Fernando Valley Council of Governments Position: Delegate

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

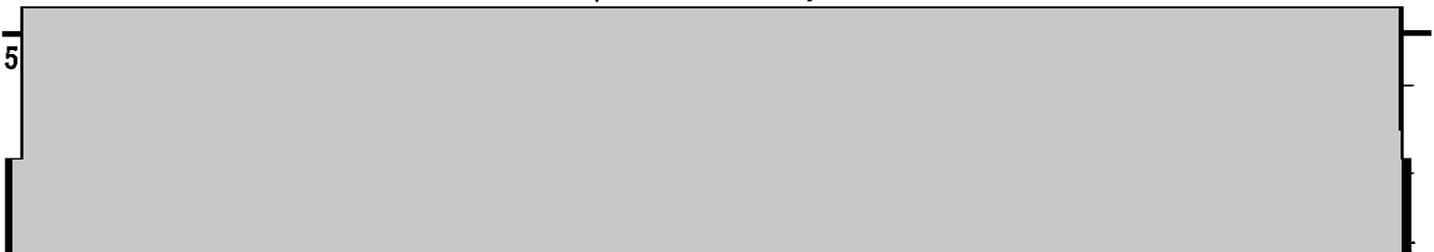
State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of San Fernando  Other \_\_\_\_\_

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 have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules and it is true and complete. I acknowledge this is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 31, 2011 (month, day, year) Signatur

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Mario F Hernandez

**▶ 1. BUSINESS ENTITY OR TRUST**

HOB's Deli, Inc. dba The UPS Store #4036  
Name  
233 N Maclay Ave, San Fernando CA 91340  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Retail	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> S Corporation	Other _____
YOUR BUSINESS POSITION <u>President</u>	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____	Yrs. remaining
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
\_\_\_\_\_  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____	Other _____
YOUR BUSINESS POSITION _____	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                 OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ <input type="checkbox"/> Other _____	Yrs. remaining
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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



**SCHEDULE D**  
**Income – Gifts**

Name  
 Mario F Hernandez

▶ NAME OF SOURCE  
Robertson Properties Group  
 ADDRESS (Business Address Acceptable)  
120 N Robertson Blvd. Los Angeles, CA 90048  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 10</u>	<u>\$ 250.00</u>	<u>Annual Movie Pass</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
Valley Economic Alliance  
 ADDRESS (Business Address Acceptable)  
5121 Van Nuys Blvd, Ste 200 Sherman Oaks, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 05 / 10</u>	<u>\$ 28.50</u>	<u>Priv Movie Screening</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
Paycare, Inc  
 ADDRESS (Business Address Acceptable)  
6780 Indiana Ave, Ste 140 Riverside, CA 92506  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Payroll Processing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 10 / 10</u>	<u>\$ 56</u>	<u>2 Angel Baseball Tixs</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
El Centro de Amistad  
 ADDRESS (Business Address Acceptable)  
566 S Brand Blvd San Fernando, CA 91340  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 15 / 10</u>	<u>\$ 125.00</u>	<u>Awards Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
United Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
5121 Van Nuys Blvd, Ste 208 Sherman Oaks, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 22 / 10</u>	<u>\$ 50</u>	<u>Awards Luncheon</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE  
North East Valley Health Corp  
 ADDRESS (Business Address Acceptable)  
1172 N Maclay Ave San Fernando, CA 91340  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 29 / 10</u>	<u>\$ 50</u>	<u>Retirement Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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