

Please type or print in ink.

2013 APR 10 AM 11:20

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

1. Office, Agency, or Court

Agency Name
Joint Water Policy Advisory Committee for the Lower Whitewater River Subbasin Management Area of Benefit
Division, Board, Department, District, if applicable
Your Position
Member

If filing for multiple positions, list below or on an attachment.
City of Coachella, RCTC, CUMVCD, CVAG,
Agency: CVCC (County Airport-Thermal)

Position: Councilman, Boardmember, Commissioner.

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

State
 Multi-County Riverside, Imperial & por. of San Diego
 City of Coachella
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of Riverside
 Other Coachella Valley.

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." **Total number of pages including this cover page: 2**

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. Verification



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

Date Signed 4/1/13
(month, day, year)

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)
Golden Voice
 ADDRESS (Business Address Acceptable)
5750 Wilshire Blvd. #501 LA, CA 90036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concert Promoters

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-------------------|---------------|-----------------------------|
| <u>4/13-15/12</u> | <u>\$ 360</u> | <u>Coachella fest tics.</u> |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
Buchanan, Ingersoll, and Rooney
 ADDRESS (Business Address Acceptable)
41607 Margarita Rd. Suite 10 Temecula 92591
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------------|--------------------------------|
| <u>9/12/12</u> | <u>\$ 100</u> | <u>Dinner/League of Cities</u> |
| <u>10/5/12</u> | <u>\$ 100</u> | <u>Dinner</u> |
| <u>11/6/12</u> | <u>\$ 60</u> | <u>Lunch.</u> |

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

Comments: _____