

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Benavides, (FIRST) Pablo (MIDDLE) David

2013 APR 17 PM 1:08

2013 APR -2 AM 11:37

CITY OF SANTA ANA
CLERK OF COUNCIL

1. Office, Agency, or Court

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

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

Agency: Orange County Sanitation District Position: Board member

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

- State
- Multi-County _____
- City of Santa Ana
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Orange
- Other _____

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: 3
- 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**



herein and in any attached schedules is true and complete. I ac
I certify under penalty of perjury under the laws of the State

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



**SCHEDULE D
Income - Gifts**

Name

Benavides, Pablo David

▶ NAME OF SOURCE *(Not an Acronym)*
Sheppard Mullin Richter
ADDRESS *(Business Address Acceptable)*
650 Town Center Dr., Costa Mesa
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 12	\$ 175	HBA dinner fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Southern California Gas Co.
ADDRESS *(Business Address Acceptable)*
1919 State College Blvd., Anaheim
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 12	\$ 250	OCHCC benefit event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Hispanic 100
ADDRESS *(Business Address Acceptable)*
PO Box 194 San Clemente, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 12	\$ 300	annual awards event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____