



STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BENAVIDES, PABLO DAVID

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF SANTA ANA
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
COUNCILMEMBER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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, 2013, through December 31, 2013
-or-
The period covered is through December 31, 2013
Assuming Office: Date assumed
Candidate: Election Year and office sought, if different than Part 1:
Leaving Office: Date Left
The period covered is January 1, 2013, 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
None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this statement. The herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of

Date Signed 04/01/2014 (month, day, year)

Section 1 Additional Agency(ies)/Position(s) for BENAVIDES, PABLO DAVID:

Agency	Division, Board, Department, District	Position
Orange County Sanitation District	Board	Board member

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

BENAVIDES, PABLO DAVID

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Prudential California Realty

ADDRESS (Business Address Acceptable)
1403 S. Main St.
Santa Ana, CA 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate sales

YOUR BUSINESS POSITION
realtor/broker associate

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Seven Gables Real Estate

ADDRESS (Business Address Acceptable)
12651 Newport Ave.
Tustin, CA 92780

BUSINESS ACTIVITY, IF ANY, OF SOURCE
real estate sales

YOUR BUSINESS POSITION
realtor/broker associate

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
BENAVIDES, PABLO DAVID

▶ NAME OF SOURCE (Not an Acronym)
OC Hispanic Chamber of Commerce
 ADDRESS (Business Address Acceptable)
2130 E. 4th St. Ste. 160
Santa Ana, CA 92705
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 13</u>	<u>\$ 300.00</u>	<u>Annual Awards Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Center OC
 ADDRESS (Business Address Acceptable)
1605 N Spurgeon
Santa Ana, CA 92701
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 20 / 13</u>	<u>\$ 75.00</u>	<u>Annual Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
State Farm
 ADDRESS (Business Address Acceptable)
415 N. Broadway
Santa Ana, CA 92701
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 13</u>	<u>\$ 150.00</u>	<u>Santa Ana Chamber Dinner</u>
<u>05 / 02 / 13</u>	<u>\$ 50.00</u>	<u>OC Human Relations Awards Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
OC High School of the Arts
 ADDRESS (Business Address Acceptable)
1010 N. Main St.
Santa Ana, CA 92701
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 26 / 13</u>	<u>\$ 110.00</u>	<u>Season Finale Concert</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
OC Great Park
 ADDRESS (Business Address Acceptable)
1 Civic Center Plaza
Irvine, CA 92606
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 13</u>	<u>\$ 200.00</u>	<u>Cirque Du Soleil at OC Great Park</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____