

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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CITY OF YORBA LINDA
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
HERNANDEZ Eugene BY Jesse

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Yorba Linda

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor Pro Tem

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

Agency: Orange County Fire Authority

Position: Director

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FAIR POLITICAL
PRACTICES COMMISSION
2014 APR -4 PM 1:50

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Orange

City of Yorba Linda

Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

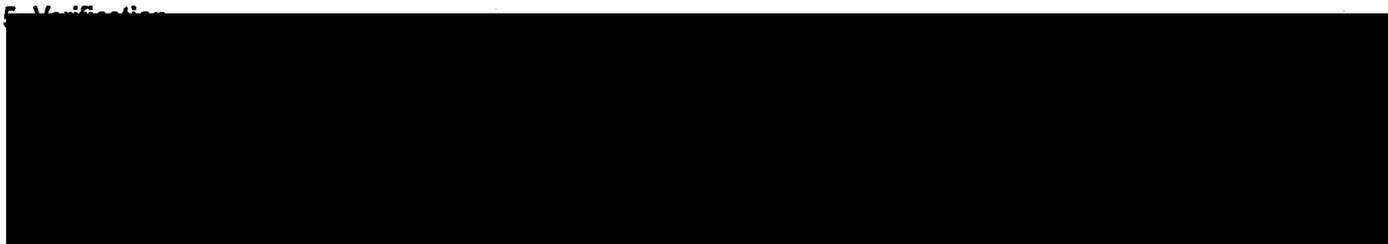
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



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

Date Signed 03/18/2014
(month, day, year)

ADDENDUM

TO FORM 700

Statement of Economic Interest

Section 1: (Office, Agency, or Court))

Agency: Orange County Sanitation District

Position: Director

Agency: Orange County Senior Citizen Advisory Council

Position: Member

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Eugene Jess Hernandez

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California
 ADDRESS (Business Address Acceptable)
700 N. Alameda Street
 CITY AND STATE
Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 03 / 08 / 13 - 03 / 10 / 13 AMT: \$ 165.59
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Attended the MWD Colorado River Inspection Tour

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California
 ADDRESS (Business Address Acceptable)
700 N. Alameda Street
 CITY AND STATE
Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 12 / 13 - 04 / 13 / 13 AMT: \$ 24.97
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Attended the MWD Water Project and the Sacramento-San Joaquin Delta inspection Tour

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California
 ADDRESS (Business Address Acceptable)
700 N. Alameda Street
 CITY AND STATE
Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 09 / 20 / 13 AMT: \$ 39.40
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Attended the Edmonston Pumping plant Inspection trip

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District of Southern California
 ADDRESS (Business Address Acceptable)
700 N. Alameda Street
 CITY AND STATE
Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 08 / 13 AMT: \$ 37.53
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Attended the LaVerne Fabrication Shop, Water Quality Lab and Treatment Inspection Trip

Comments: I am the City Council Member assigned as liaison to the Yorba Linda Water Board

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Eugene Jess Hernandez
--

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)
 700 N. Alameda Street

CITY AND STATE
 Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 12/06/13 - 12/08/13 AMT: \$ 172.51
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Attended the MWD Colorado River Inspection Tour

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____