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CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
2014 MAR 13 PM 1:15



Please type or print in ink.

RECEIVED

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hernandez Martin Felix

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Santa Paula

Division, Board, Department, District, if applicable

Your Position

Councilmember

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of Santa Paula
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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 \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- The period covered is January 1, 2013, 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

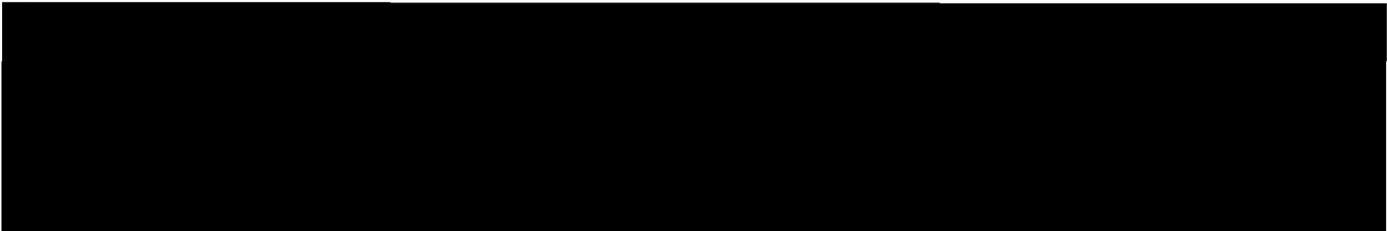
Check applicable schedules or "None."

► 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 03/10/2014  
(month, day, year)

**SCHEDULE D  
Income – Gifts**

Name  
**Martin Hernandez**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Limoneira Company**

ADDRESS *(Business Address Acceptable)*  
**1141 Cummings Rd. Santa Paula, Ca. 93060**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Agriculture**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 16 / 13</b>	<b>\$ 52.00</b>	<b>gift basket</b>
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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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ADDRESS *(Business Address Acceptable)*

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_

Additional Sheet for Statement of Economic Interests  
2013/2014 Form 700  
Expanded Filing

Martin F Hernandez, Councilmember  
City of Santa Paula  
970 Ventura Street  
Santa Paula, CA. 93061

1. Office, Agency, or Court

Agency: Santa Paula Community Healthcare Authority  
Position: Member

Agency: Santa Paula Public Financing Authority  
Position: Member

Agency: Santa Paula Utility Authority  
Position: Member

Agency: Animal Regulation Commission  
Position: Member

Agency: Santa Clara Valley Neighborhoods for Learning  
Position: Member

Agency: Ventura County Air Pollution Control District (APCD)  
Position: Member