



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Coachella
Division, Board, Department, District, if applicable _____
Your Position Mayor Pro Tem

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Various / See Attached Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Riverside
 City of Coachella Other See Attached.

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 _____ (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.

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

5. [Redacted]

herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 31, 2014
(month, day, year)

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2014 APR 23 PM 12:55

Coachella Valley Association of Governments: Transportation, Executive, Public Safety, Homelessness,
Energy-Member

Riverside County Transportation Commission-Commissioner

Coachella Valley Conservation Commission-Trustee

Coachella Valley Mosquito and Vector Control District: Trustee

Coachella Valley Water District: Member

Jacquelyn Cochran Regional Airport: Member

Southern California Association of Governments: Member

Riverside County Animal Commission

Oversite Boards: Banning, Beaumont, Calimesa

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF SOURCE (Not an Acronym)
Human Challenge/Clinton Foundation
ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health and wellness

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/14/2013</u>	<u>\$ 260</u>	<u>Humana/Clinton GOLF Tournament.</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
De Arzlan Consulting.
ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/13/13</u>	<u>\$ 50</u>	<u>Tickets</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)
Buchanan Ingersoll & Rooney PC
ADDRESS (Business Address Acceptable)
41007 Margarita Rd Ste 103 Overland
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92591
Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/21/13</u>	<u>\$ 75</u>	<u>Dinner</u>
<u>4/09/13</u>	<u>\$ 69</u>	<u>Dinner</u>
<u>9/14/13</u>	<u>\$ 71</u>	<u>Dinner</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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____