

MAR - 3 2014  
AD

Please type or print in ink.

2014 MAR - 3 PM 5: 06

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hernandez Edward P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
California State Senate  
Division, Board, Department, District, if applicable  
District 24  
Your Position  
State Senator

► 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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City 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.  
 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.  
 Assuming Office: Date assumed \_\_\_\_\_  
 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: 6

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 California that

Date Signed 3/3/14  
(month, day, year)

Signature



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Edward P. Hernandez

**▶ 1. BUSINESS ENTITY OR TRUST**

Hernandez Family Properties, LLC (cont.)  
Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / 13	_____ / _____ / 13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
1235 Buena Vista, Duarte, CA 91010

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / 13	_____ / _____ / 13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

\_\_\_\_\_  
Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

---

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / 13	_____ / _____ / 13
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / 13	_____ / _____ / 13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name  
 Edward P. Hernandez

▶ NAME OF SOURCE (Not an Acronym)  
 California Latino Caucus Leadership PAC

ADDRESS (Business Address Acceptable)  
 400 Capitol Mall, 22nd Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 13	\$ 131.76	Wooden Box
02 / 28 / 13	\$ 86.74	Portfolio
05 / 02 / 13	\$ 115.00	Tie

▶ NAME OF SOURCE (Not an Acronym)  
 UCLA

ADDRESS (Business Address Acceptable)  
 10920 Wilshire Blvd., #1500, Los Angeles, CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 13	\$ 335.00	3 tickets-football game
11 / 02 / 13	\$ 20.00	Parking Pass
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Democratic Party

ADDRESS (Business Address Acceptable)  
 1401 21st Street, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 13	\$ 116.19	Meals/Event Catering
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 Senator Jerry Hill

ADDRESS (Business Address Acceptable)  
 State Capitol, Room 5064, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 13	\$ 68.63	Jacket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)  
 11355 W. Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 13	\$ 93.96	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
 California Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)  
 1001 K Street, 6th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Charitable organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 06 / 13	\$ 142.77	Framed Poster **
/ /	\$	
/ /	\$	

Comments: \*\* Payment of \$142.77 made to Latino Legislative Caucus Foundation on 2/27/2014.

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Edward P. Hernandez
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- 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)*  
 California Healthcare Institute

ADDRESS *(Business Address Acceptable)*  
 1201 K Street, Suite 1840

CITY AND STATE  
 Sacramento, CA

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

DATE(S): 12 / 05 / 13 - 12 / 06 / 13 AMT: \$ 532.94  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description Lodging; Meals; and Gift Bag/Wine/Opener

▶ 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: \_\_\_\_\_