

AT 1AN2014

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

TN

COVER PAGE

received
06/17/15
NR

NAME OF FILER (LAST) HERNANDEZ (FIRST) RICHARD (MIDDLE) J

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY OF AVALON
Your Position COUNCIL MEMBER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Hospital Board Position: BOARD MEMBER

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

- State
- Multi-County
- City of Avalon
- 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, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2014, 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. [Redacted]

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

Date Signed 6-17-15
(month, day, year)

Signature [Redacted]



03/24/15
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) HERNANDEZ (FIRST) RICHARD (MIDDLE) J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Avalon

COUNCIL MEMBER

Division, Board, Department, District, if applicable

Your Position

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APR - 6 2015

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

Hospital Board

Agency: Housing Authority

Position: Board member

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

- State
- Multi-County _____
- City of Avalon
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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▶ Total number of pages including this cover page: _____

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-or-
 None - No reportable interests on any schedule

5. (c)(1)

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

Date Signed 3-24-15
(month, day, year)

(c)(1)
Signature