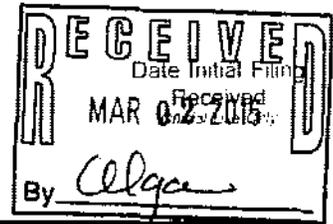


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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

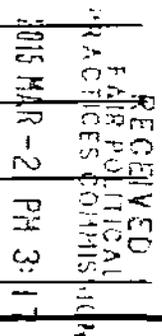


Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hernandez Roger

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
District 48
Your Position
Assemblymember



▶ 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, 2014, through December 31, 2014.
- or-
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, 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: _____

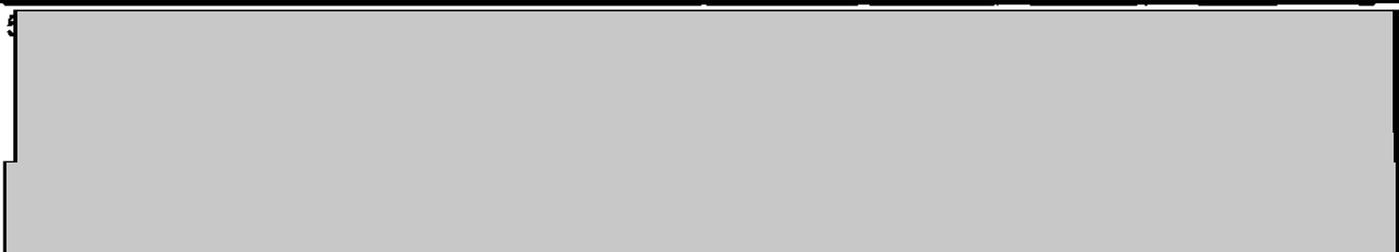
4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 7

- 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



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

Date Signed 3-2-2015 Signature _____
(month, day, year)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

HERNANDEZ, ROGER

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1425 KAUAI STREET

CITY
WEST COVINA, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
MR. STANLEY QUESADA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
HERNANDEZ, ROGER

▶ NAME OF SOURCE (Not an Acronym)
CA TRIBAL ALLIANCE

ADDRESS (Business Address Acceptable)
1530 J STREET #410 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 01 / 16 / 14 | \$ 22.67 | Meals & Beverages |
| 02 / 05 / 14 | \$ 149.16 | Meals & Beverages |
| 07 / 25 / 14 | \$ 44.49 | Meals |

▶ NAME OF SOURCE (Not an Acronym)
CA DEMOCRATIC PARTY

ADDRESS (Business Address Acceptable)
1410 21ST ST #200 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CA DEMOCRATIC PARTY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 04 / 14 | \$ 131.24 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
CA ASSOC OF WINEGRAPE GROWERS

ADDRESS (Business Address Acceptable)
1325 J ST #1560 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

VINEYARD & WINEGRAPE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 13 / 14 | \$ 14.95 | Meals & Beverages |
| 02 / 25 / 14 | \$ 80.48 | Meals & Beverages |
| 06 / 18 / 14 | \$ 37.05 | Meals & Beverages |

▶ NAME OF SOURCE (Not an Acronym)
CA LATINO LEGIS CAUCUS LEADERSHIP PAC

ADDRESS (Business Address Acceptable)
777 S Figueroa St #4050 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LATINO CAUCUS

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 26 / 14 | \$ 194.84 | Framed Photo |
| 08 / 21 / 14 | \$ 156.28 | Meals & Beverages |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
SOUTHERN CA EDISON CO/SEMPRA ENERGY

ADDRESS (Business Address Acceptable)
915 L STREET #650 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ENERGY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 21 / 14 | \$ 72.95 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
CA BUSINESS ROUNDTABLE

ADDRESS (Business Address Acceptable)
1301 I STREET SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PUBLIC ADVOCACY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 29 / 14 | \$ 68.36 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE D
Income – Gifts

Name
HERNANDEZ, ROGER

▶ NAME OF SOURCE (Not an Acronym)
TONI ATKINS FOR ASSEMBLY 2014

ADDRESS (Business Address Acceptable)
330 ENCINITAS BLVD #101 ENCINITAS, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 12 / 14 | \$ 44.31 | FRAMED GIFT |
| 11 / 30 / 14 | \$ 33.45 | Meals & Gift |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
CONSUMER ATTORNEYS OF CA

ADDRESS (Business Address Acceptable)
770 L STREET #1200 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLITICAL ADVOCACY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 05 / 20 / 14 | \$ 42.41 | Meals & Beverages |
| 11 / 15 / 14 | \$ 200.00 | Meals & Beverages |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
SAN MANUEL BAND OF MISSION INDIANS

ADDRESS (Business Address Acceptable)
3246 VICTORIA AVENUE HIGHLAND, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
INDIAN NATION

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 06 / 30 / 14 | \$ 72.16 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
CA FOUNDATION/COMMERCE & EDUCATION

ADDRESS (Business Address Acceptable)
1215 K STREET #1400 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 08 / 26 / 14 | \$ 72.16 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
LATINO LEGISLATIVE CAUCUS FOUNDATION

ADDRESS (Business Address Acceptable)
777 S Figueroa St #4050 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LATINO CAUCUS

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 15 / 14 | \$ 36.25 | Meals & Beverages |
| / / | \$ | |
| / / | \$ | |

▶ NAME OF SOURCE (Not an Acronym)
CHECK INTO CASH

ADDRESS (Business Address Acceptable)
1201 K STREET #750 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 17 / 14 | \$ 63.00 | Meals & Beverages |
| 11 / 20 / 14 | \$ 22.58 | Meals & Beverages |
| / / | \$ | |

Comments: _____

SCHEDULE D
Income – Gifts

Name
HERNANDEZ, ROGER

▶ NAME OF SOURCE (Not an Acronym)
LOS ANGELES COUNTY FAIR ASSOC

ADDRESS (Business Address Acceptable)
1101 W MCKINLEY AVENUE POMONA, CA 91768

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fairplex

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 08 / 18 / 14 | \$ 440.00 | Tickets & Parking |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ NAME OF SOURCE (Not an Acronym)
AT&T

ADDRESS (Business Address Acceptable)
1215 K STREET # 1800 SACRAMENTO, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TELECOMMUNICATIONS

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 20 / 14 | \$ 63.00 | Meals & Beverages |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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: _____

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

Name
 HERNANDEZ, ROGER

- 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)
LATINO LEGISLATIVE CAUCUS FOUNDATION

ADDRESS (Business Address Acceptable)
777 S FIGUEROA STREET, SUITE # 4050

CITY AND STATE
LOS ANGELES, CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEADERSHIP TRAINING

DATE(S): 02 / 20 / 14 - 02 / 21 / 14 AMT: \$ 602.50
 (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)
PALA BAND OF MISSION INDIANS

ADDRESS (Business Address Acceptable)
12196 PALA MISSION ROAD

CITY AND STATE
PALA, CA 92059

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

DATE(S): 03 / 14 / 14 - ____ / ____ / ____ AMT: \$ 209.00
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

LODGING & MEALS

▶ NAME OF SOURCE (Not an Acronym)
BARONA BAND OF MISSION INDIANS

ADDRESS (Business Address Acceptable)
1095 BARONA ROAD

CITY AND STATE
LAKESIDE, CA 92040

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

DATE(S): 09 / 15 / 14 - ____ / ____ / ____ AMT: \$ 345.79
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

MEALS, LODGING & TRANSPORTATION

▶ NAME OF SOURCE (Not an Acronym)
INDEPENDENT VOTER PROJECT (IVP)

ADDRESS (Business Address Acceptable)
101 WEST BROADWAY, SUITE #1460

CITY AND STATE
SAN DIEGO, CA 92101

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

DATE(S): 11 / 16 / 14 - 11 / 20 / 14 AMT: \$ 3,132.59
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

AIR FARE, MEALS & TRANSPORTATION

Comments: _____

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

Name
 HERNANDEZ, ROGER

- 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)
 NATIONAL HISPANIC CAUCUS OF STATE LEGIS

ADDRESS (Business Address Acceptable)
 444 NORTH CAPITOL ST #404

CITY AND STATE
 WASHINGTON, DC 20001

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 LEADERSHIP TRAINING

DATE(S): 09 / 11 / 14 - 09 / 14 / 14 AMT: \$ 2,419.50
 (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)
 CA INDEPENDENT PETROLEUM ASSOC

ADDRESS (Business Address Acceptable)
 1112 I STREET, SUITE # 350

CITY AND STATE
 SACRAMENTO, CA 95814

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

DATE(S): 12 / 04 / 14 - 12 / 05 / 14 AMT: \$ 858.40
 (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

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

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

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

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

BK

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1425 KAUAI STREET

CITY
WEST COVINA, CALIFORNIA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 DISPOSED / / 14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
MR. STANLEY QUESADA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 14 DISPOSED / / 14

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

RECEIVED
 FAIR POLITICAL PRACTICES COMMISSION
 APR 20 11 20 15

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Filer's Verification

Print Name ROGER HERNANDEZ

Office, Agency or Court CALIFORNIA STATE ASSEMBLY

Statement Type 2014/2015 Annual Assuming Leaving
 _____ Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/17/2015

Filer's Signature (c)(1)

SCHEDULE D
Income - Gifts

BK

▶ NAME OF SOURCE (Not an Acronym)
CALIFORNIA DEMOCRATIC PARTY
ADDRESS (Business Address Acceptable)
1830 9TH STREET, SACRAMENTO, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SPEAKER TONI ATKINS

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|--------------|------------------------|
| <u>05 / 20 / 14</u> | <u>\$ 68</u> | <u>FOOD AND DRINK</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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

▶ 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) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Filer's Verification

Print Name ROGER HERNANDEZ

Office, Agency or Court CALIFORNIA STATE ASSEMBLY

Statement Type 2014/2015 Annual Assuming Leaving
 _____ Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/17/2015

Filer's Signature (c)(1)

Comments: _____