

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Please type or print in ink.

 NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Hernandez Ed
**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Eden Township Healthcare District

Division, Board, Department, District, if applicable

Your Position

Board Member

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)☒ Multi-County Alameda County and San Joaquin Valley☒ County of Alameda☐ City of☐ Other**3. Type of Statement** (Check at least one box)☒ **Annual:** The period covered is January 1, 2022, through  
December 31, 2022.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2022.☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)☐ The period covered is January 1, 2022, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ **Candidate:** Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_**4. Schedule Summary (required)**

► Total number of pages including this cover page: 5

**Schedules attached**☐ 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**5. Verification**MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

20400 Lake Chabot Road, Suite 303

Castro Valley

CA

94546

DAYTIME TELEPHONE NUMBER

( 510 ) 842-6175

EMAIL ADDRESS

ed.hernandez@ethd.org

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 acknowledge this is a public document.

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

Date Signed 4/3/2023

(month, day, year)

Signature

DocuSigned by:  
[Signature]

(File the originally signed paper statement with your filing official.)

## Expanded Statement Attachment

## Comments:

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Additional disclosed positions within Alameda County's jurisdiction:

[illegible]

## Positions outside Alameda County's jurisdiction

[illegible]

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ed Hernandez</u>

**1. BUSINESS ENTITY OR TRUST**Bay East Legacy & Associates

Name

1743 140TH AVENUE SAN LEANDRO CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF THIS BUSINESS**Real Estate Sales and Consulting Services**FAIR MARKET VALUE****IF APPLICABLE, LIST DATE:**☒ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED**NATURE OF INVESTMENT**☐ Partnership☒ Sole Proprietorship☐ \_\_\_\_\_

Other

YOUR BUSINESS POSITION

Broker/Owner**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:**☐ \$0 - \$1,999☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED**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)**☒ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$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.)**☒ or ☐**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**☐ ☐**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTYName of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real PropertyDescription of Business Activity or  
City or Other Precise Location of Real Property**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\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED**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**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTYName of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real PropertyDescription of Business Activity or  
City or Other Precise Location of Real Property**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\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED**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 B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Ed Hernandez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1743 140th Avenue

CITY

San Leandro

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_ ACQUIRED \_\_\_\_/\_\_\_\_/\_\_\_\_ DISPOSED

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/\_\_\_\_ ACQUIRED \_\_\_\_/\_\_\_\_/\_\_\_\_ DISPOSED

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 a commercial lending institution 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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name

Ed Hernandez

NAME OF SOURCE (Not an Acronym)

East Bay Community Energy

ADDRESS (Business Address Acceptable)

1999 HARRISON STREET, SUITE 800 SAN LEANDRO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Power Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 22	\$ 156.00	Oakland Roots Tickets (6)
/  /	\$	
/  /	\$	

NAME OF SOURCE (Not an Acronym)

Gordon Galvan

ADDRESS (Business Address Acceptable)

PO BOX 3101 SAN LEANDRO CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advisory Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 22	\$ 200.00	SF Giants Tickets (2)
/  /	\$	
/  /	\$	

NAME OF SOURCE (Not an Acronym)

Edeh Township Healthcare District

ADDRESS (Business Address Acceptable)

20400 LAKE CHABOT ROAD, SUITE 303 CASTRO VALLEY CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 22	\$ 150.00	Davis Street Fundraiser Tix-2
10 / 17 / 22	\$ 100.00	La Familia Charity Event Tix
09 / 30 / 22	\$ 58.00	CSS Fundraiser - Tickets (4)

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: \_\_\_\_\_