

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

|   |                            |
|---|----------------------------|
| Date Stamp<br><b>RECEIVED</b><br>2018 OCT -1 PM 3:55                | <b>CALIFORNIA FORM 460</b> |
| Page 55 of 9  |                            |
| For Official Use Only<br>CITY OF WEST COVINA<br>CITY CLERK'S OFFICE |                            |

|   |  |
|---|--|
| <b>Statement covers period</b><br>from 07/01/2018<br>through 09/22/2018 | <b>Date of election if applicable:</b><br>(Month, Day, Year)<br>06/02/2022 |
|---|--|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input checked="" type="checkbox"/> State Candidate Election Committee           | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1406593

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Hernandez for Superintendent Of Public Instruction 2022

STREET ADDRESS (NO P.O. BOX)

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    |                 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

David Gould

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    |                 |

NAME OF ASSISTANT TREASURER, IF ANY

Ingrid Orellana

MAILING ADDRESS

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Long Beach | CA    | 90802    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the under penalty of perjury under the laws of the State of California that the foregoing is true

and schedules is true and complete. I certify

Executed on 09/25/2018  
Date

By

Executed on 09/25/2018  
Date

By

Executed on \_\_\_\_\_  
Date

By

Executed on \_\_\_\_\_  
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Roger Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Superintendent of Public Instruction: Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] West Covina CA 91790

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|   |  |
|---|--|
| COMMITTEE NAME<br>Hernandez for City Council 2018 | I.D. NUMBER<br>1408736   |
| NAME OF TREASURER<br>David Gould                  | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS<br>[REDACTED]                   | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |
| CITY<br>Long Beach                                | STATE<br>CA  |
| ZIP CODE<br>90802                                 | AREA CODE/PHONE<br>[REDACTED]  |
| COMMITTEE NAME                                    | I.D. NUMBER  |
| NAME OF TREASURER                                 | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| COMMITTEE ADDRESS                                 | STREET ADDRESS (NO P.O. BOX)   |
| CITY  | STATE  |
| ZIP CODE  | AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2018</u><br>through <u>09/22/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>9</u>  | I.D. NUMBER<br><u>1406593</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Superintendent Of Public Instruction 2022

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0.00</u>   | \$ <u>53,060.03</u>                        |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>53,060.03</u>                        |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>53,060.03</u>                        |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>36,687.03</u>  | \$ <u>37,832.08</u>                        |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>36,687.03</u>  | \$ <u>37,832.08</u>                        |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>  | <u>0.00</u>                                |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>36,687.03</u>  | \$ <u>37,832.08</u>                        |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                     |
|---|---------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>51,914.98</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0.00</u>         |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0.00</u>         |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>36,687.03</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>15,227.95</u> |

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0.00</u> |

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

SCHEDULE D

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                                 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2018 |                                |
| through   | 09/22/2018 | Page <u>4</u> of <u>9</u>      |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Hernandez for Superintendent Of Public Instruction 2022 |            | 1406593                        |

SEE INSTRUCTIONS ON REVERSE

Hernandez for Superintendent Of Public Instruction 2022

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 08/07/2018         | Maria Leon Vazquez<br>Board of Education<br>Santa Monica/Malibu                                     | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 1,000.00           | 1,000.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| 08/08/2018         | Roger Hernandez<br>City Council Member<br>City of West Covina                                       | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 30,000.00          | 30,000.00   |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| 08/21/2018         | Jessica Ancona<br>City Council Member   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 2,000.00           | 2,000.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 33,000.00          |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 34,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 34,000.00

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2018 |                                |
| through                 | 09/22/2018 | Page <u>5</u> of <u>9</u>      |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Hernandez for Superintendent Of Public Instruction 2022 | I.D. NUMBER<br>1406593 |
|--|------------------------|

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 09/06/2018 | Families For Safer Schools 2018   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 1,000.00           | 1,000.00  |                                    |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|            |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|            | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|            |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|            | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|            |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|            | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |

**SUBTOTAL \$** 1,000.00

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                                 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2018 |                                |
| through   | 09/22/2018 | Page <u>6</u> of <u>9</u>      |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Hernandez for Superintendent Of Public Instruction 2022 |            | 1406593                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Superintendent Of Public Instruction 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Gould & Orellana, LLC<br>[REDACTED]                                 | PRO  |    |                        | 250.00      |
| AT&T Mobility<br>[REDACTED]   | OFC  |    |                        | 137.15      |
| California Youth Karate Club Inc.<br>[REDACTED]                     | CVC  |    |                        | 1,000.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,387.15

**Schedule E Summary**

|  |                 |                  |
|--|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 36,613.75        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 73.28            |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <b>36,687.03</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                                 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2018 |                                |
| through   | 09/22/2018 | Page 7 of 9                    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Hernandez for Superintendent Of Public Instruction 2022 |            | 1406593                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Superintendent Of Public Instruction 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| California Bank & Trust<br>[REDACTED]                               | CMP  |    | Credit Card Payment    | 7.99        |
| Gould & Orellana, LLC<br>[REDACTED]                                 | PRO  |    |                        | 250.00      |
| Vazquez Legal Defense Fund 2018 (ID# 1409364)<br>[REDACTED]         | CTB  |    |                        | 1,000.00    |
| Hernandez for City Council 2018 (ID# 1408736)<br>[REDACTED]         | TSF  |    |                        | 30,000.00   |
| AT&T Mobility<br>[REDACTED]   | OFC  |    |                        | 158.15      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 31,416.14**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                                 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2018 |                                |
| through   | 09/22/2018 | Page 8 of 9                    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| Hernandez for Superintendent Of Public Instruction 2022 |            | 1406593                        |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Ancona for City Council 2018 (ID# 1409231)<br>██████████            | CTB  |    |                        | 2,000.00    |
| California Bank & Trust<br>██████████                               | CMP  |    |                        | 154.00      |
| Gould & Orellana, LLC<br>██████████                                 | PRO  |    |                        | 250.00      |
| Families For Safer Schools 2018<br>██████████                       | CTB  |    |                        | 1,000.00    |
| AT&T Mobility<br>██████████   | OFC  |    |                        | 406.46      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3,810.46**



**Schedule G**

**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2018 |                            |
| through                 | 09/22/2018 | Page 9 of 9                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for Superintendent Of Public Instruction 2022

I.D. NUMBER

1406593

NAME OF AGENT OR INDEPENDENT CONTRACTOR

California Bank & Trust

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Office Depot<br>[REDACTED]  | OFC     |                        | 119.30      |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 119.30**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.