

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp RECEIVED 2019 FEB -4 PM 5:02	CALIFORNIA FORM 460
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For Official Use Only CITY OF WEST BEACH CITY CLERK'S OFFICE	

Statement covers period from 10/21/2018 through 12/31/2018	Date of election if applicable: (Month, Day, Year) 11/06/2018
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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"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 5)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement
<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:
1408736

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bernandez for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA

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

NAME OF ASSISTANT TREASURER, IF ANY

Ingrid Orellana

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA

OPTIONAL FAX/ E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on 01/15/2019
Date

Executed on 01/17/2019
Date

Executed on
Date

Executed on
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Roger Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member, City of West Covina District 2

RESIDENTIAL/BUSINESS ADDRESS (NO LAND STREET) CITY STATE ZIP
[REDACTED] West Covina [REDACTED]

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 Hernandez for Superintendent of Public Instruction 2022	I.D. NUMBER .1406593
NAME OF TREASURER David Gould	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY Long Beach	STATE CA
ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <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 <input type="checkbox"/> OPPOSE
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 from <u>10/21/2018</u>	CALIFORNIA FORM 460
through <u>12/31/2018</u>	
Page <u>3</u> of <u>15</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

I.D. NUMBER

1408736

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE*
1. Monetary Contributions Schedule A, Line 3	\$ 1,400.00	\$ 31,400.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,400.00	\$ 31,400.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,400.00	\$ 31,400.00

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE*
6. Payments Made Schedule E, Line 4	\$ 19,103.14	\$ 31,403.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 19,103.14	\$ 31,403.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-8,507.88	2,000.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 10,595.26	\$ 33,403.00

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy) Total to Date

_____ \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 17,700.14
13. Cash Receipts Column A, Line 3 above	1,400.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	3.00
15. Cash Payments Column A, Line 8 above	19,103.14
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 2,000.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>15</u>	I.D. NUMBER <u>1408736</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER:

Hernandez for City Council, 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER-ELECTION TO DATE (IF REQUIRED)
12/14/2018	Hernandez for Superintendent of Public Instruction 2022 (ID# 1406593) 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	31,400.00	2018 \$30,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,400.00		

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>1,400.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100	\$ <u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>1,400.00</u>

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

I.D. NUMBER

1408736

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	PEF: petition circulating	TEL: tv or cable airtime and production costs
FIL: candidate filing/ballot fees	RHO: 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	TSE: 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ford Printing & Mailing Inc. 1440 Arrow Hwy Unit F Irwindale, CA 91706	LIT		949.45
Hashtag Pinpoint 806 E. Avenida Pico Ste. 196 San Clemente, CA 92673	CNS		3,000.00
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		706.28

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

SUBTOTAL \$ 4,655.73

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 19,029.24
2. Unitemized payments made this period of under \$100	\$ 73.90
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.)	TOTAL \$ 19,103.14

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period:		CALIFORNIA FORM 460
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through	12/31/2018	Page 6 of 15
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Hernandez for City Council 2018		1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

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)*	OFX	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		706.28
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,078.58
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,078.58
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,078.58
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		859.58

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

SUBTOTAL \$ 4,801.60

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

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 | PEF: 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 (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cesar Cervantes West Covina, CA	OFC		44.95
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		405.15
California Bank & Trust 550 S. Hope St. Los Angeles, CA 90010	CMR	Paper Statement Fee	3.00
Ford Printing & Mailing Inc. 1440 Arrow Hwy Unit F Irwindale, CA 91706	LIT		608.74
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,078.58

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

SUBTOTAL \$ 2,140.42

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period: from <u>10/23/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hernandez for City Council 2018.

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	MTC meetings and appearances	RED 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,407.08
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT		1,407.08
Gould & Orellana, LLC 249 E. Ocean Blvd. Ste 685 Long Beach, CA 90802	PRO		300.00
Ford Printing & Mailing Inc. 1440 Arrow Hwy Unit F Irwindale, CA 91706	LIT		893.50
Ford Printing & Mailing Inc. 1440 Arrow Hwy Unit F Irwindale, CA 91706	LIT		893.50

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

SUBTOTAL \$ 4,901.16

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hernandez for City Council 2018

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	REF: returned contributions
CTB: contribution (explain nonmonetary)*	OFC: office expenses	SAL: campaign workers' salaries
CVC: civic donations	PET: petition circulating	TEL: tv or cable airtime and production costs
FL: 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
LT: campaign literature and mailings	PRT: print ads	WEB: information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Bank & Trust 550 S. Hope St. Los Angeles, CA 90010	CMP		Credit Card Payment	1,000.00
California Bank & Trust 550 S. Hope St. Los Angeles, CA 90010	CMP		Paper Statement Fee	3.00
California Bank & Trust 550 S. Hope St. Los Angeles, CA 90010	CMP		Credit Card Payment	129.95
California Bank & Trust 550 S. Hope St. Los Angeles, CA 90010	CMP		Credit Card Payment	959.71
Gould & Orellana, LLC 249 E. Ocean Blvd. Ste 685 Long Beach, CA 90802	PRO			300.00

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

SUBTOTAL \$ 2,392.66

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hernandez for City Council 2018

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: tv 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC 249 E. Ocean Blvd. Ste 685 Long Beach, CA 90802	PRO		137.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 137.67

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hernandez for City Council 2018

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 tv, or cable airtime, and production costs |
| FL 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	706.28	0.00	706.28	0.00
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	705.28	0.00	705.28	0.00
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	1,078.58	0.00	1,078.58	0.00

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

SUBTOTALS \$ 2,491.14\$ 0.00\$ 2,491.14\$ 0.00\$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 8,507.89
- Net change this period: (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -8,507.89
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER
Hernandez for City Council 2018

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

- | | | |
|---|---|---|
| CVP campaign paraphernalia/misc. | MER 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 tv 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 | TSE 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	859.58	0.00	859.58	0.00
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	1,078.58	0.00	1,078.58	0.00
Mitchell Publishing 127 South Anderson Street Los Angeles, CA 90033	LIT	1,078.58	0.00	1,078.58	0.00
Hashtag Pinpoint 806 E. Avenida Piço Ste. 196 San Clemente, CA 92673	CNS	5,000.00	0.00	3,000.00	2,000.00
SUBTOTALS \$		8,016.74 \$	0.00 \$	5,016.74 \$	2,000.00

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:
from 10/21/2018
through 12/31/2018

SCHEDULE G

CALIFORNIA FORM 460

Page 13 of 15

ID NUMBER
1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

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 (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hacienda Diaz Restaurant 1335 S. Azusa Ave. West Covina, CA 91791	MTG		157.02
Kevin Dinh Photography 22028 Ventura Blvd. #201 Woodland Hills, CA 91364	CMP		206.10
Kevin Dinh Photography 22028 Ventura Blvd. #201 Woodland Hills, CA 91364	CMP		566.25
VWCA Organization 943 N Grand Ave. Covina, CA 91724	CVC		514.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,444.17

*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.

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
 from 10/21/2018
 through 12/31/2018

SCHEDULE G
CALIFORNIA FORM 460
 Page 14 of 15
 I.D. NUMBER
 1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ford Printing & Mailing Inc.

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 tv 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Post Master 7101 S. Central Ave. Los Angeles, CA 90001	POS		316.98
U.S. Post Master 7101 S. Central Ave. Los Angeles, CA 90001	POS		566.71
U.S. Post Master 7101 S. Central Ave. Los Angeles, CA 90001	POS		566.71

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,450.40

* 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.

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

SCHEDULE I

CALIFORNIA FORM 460

Page 15 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hernandez for City Council 2018

LD. NUMBER
1408736

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER ID NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.....	\$ 0.00
2. Unitemized increases to cash of under \$100 this period.....	\$ 3.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$ 3.00