Recipient Committee:
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period from ___________ through ___________

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: ☐ Officeholder, Candidate, Controlled Committee – Complete Parts 1, 2, 3, and 4.
   ☑ General Purpose Committee.

☐ Primarily Formed Candidate/Offerholder Committee.

☐ Primarily Formed Candidate/Offerholder Committee – Complete Part 7

2. Type of Statement:
   ☐ Pre-election Statement
   ☑ Semi-annual Statement
   ☐ Quarterly Statement
   ☐ Special Odd-Year Report
   ☑ Amendment (Explain below):

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
   Hernandez for Superintendent of Public Instruction 2022

   STREETS ADDRESS (NO P.O. BOX):

   CITY: Long Beach
   STATE: CA
   ZIP CODE: 90803
   AREA CODE: PHONE:

   MAILING ADDRESS OF DIFFERENT NO. AND STREET OR P.O. BOX:

   CITY: Long Beach
   STATE: CA
   ZIP CODE: 90803
   AREA CODE: PHONE:

   OPTIONAL: FAX / EMAIL 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 01/25/2019
   __________________________
   Date

   Executed on 01/18/2019

   Executed on __________________________
   __________________________
   __________________________
   By: __________________________
   Signature of Treasurer or Certified Treasurer

   By: __________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By: __________________________
   Signature of Certified Officeholder, Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
### 5. Officeholder or Candidate-Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICER, HOLDING, OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Hernandez</td>
</tr>
</tbody>
</table>

**Office Sought or Held**

- Superintendent of Public Instruction: Statewide

**Residential/Business Address (No. and Street)**

- West Covina

**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 City Council 2018

**Controlled Committee**

- Yes

### 6. Primarily Formed Ballot-Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Ballot No. or Letter**

**Jurisdiction**

- Support

**Identify the Controlling Officeholder, Candidate, or State Measure Proponent, If Any**

- Name of Officeholder, Candidate, or Proponent

**Office Sought or Held**

**Distributor No. If Any**

### 7. Primarily Formed Candidate/Officeholder Committees

**List Names of Officeholder(s) or Candidate(s) for Which This Committee is Primarily Formed**

<table>
<thead>
<tr>
<th>NAME OF OFFICER, HOLDING, OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Controlled Committee**

- Yes

**Committee Name**

**Controlled Committee**

- Yes

**Committee Address**

**City**

**State**

**Zip Code**

**Phone**

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO. AND BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Gould</td>
<td></td>
</tr>
</tbody>
</table>

**City**

**State**

**Zip Code**

**Phone**

Attach continuing sheets if necessary.
### Contributions Received

1. **Monetary Contributions**
   - Schedule A, Line 3: $6.00
2. **Loans Received**
   - Schedule B, Line 3: $0.00
3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2: $6.00
4. **Nonmonetary Contributions**
   - Schedule C, Line 3: $0.00
5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4: $6.00

### Expenditures Made

6. **Payments Made**
   - Schedule E, Line 4: $13,964.47
7. **Loans Made**
   - Schedule H, Line 3: $0.00
8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7: $13,964.47
9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3: $0.00
10. **Nonmonetary Adjustment**
    - Schedule G, Line 3: $0.00
11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10: $13,964.47

### Current Cash Statement

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 18: $13,964.47
13. **Cash Receipts**
    - Column A, Line 3 above: $0.00
14. **Miscellaneous Increases to Cash**
    - Schedule I, Line 4: $0.00
15. **Cash Payments**
    - Column A, Line 8 above: $13,964.47
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.*

17. **LOAN GUARANTEES RECEIVED**
    - Schedule E, 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 3 in Column B above: $0.00

---

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

- **Contributions Received**
  - Total: $6.00
- **Expenditures Made**
  - Total: $13,964.47

**Expenditure Limit Summary for State Candidates**

- **22. Cumulative Expenditures Made**
  - Date of Election: / /
  - Total to Date: $0.00

---

*Amounts in this section may be different from amounts reported in Column B.*
Schedule D: Summary of Expenditures
Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Candidate, Office, and District or Measure, Number or Letter and Jurisdiction or Committee</th>
<th>Type of Payment</th>
<th>Description (If Required)</th>
<th>Amount This Period</th>
<th>Cumulative To Date Calendar-Year (Jan 1-Dec 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/29/2018</td>
<td>El Monte First</td>
<td>X Monetary Contribution</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nonmonetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>X Support</td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oppose</td>
<td>□ Oppose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/15/2018</td>
<td>Ruben Perez</td>
<td>X Monetary Contribution</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community College Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coachella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nonmonetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>X Support</td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oppose</td>
<td>□ Oppose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/14/2018</td>
<td>Roger Hernandez</td>
<td>X Monetary Contribution</td>
<td>$2,400.00</td>
<td>$1,400.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City Council Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City of West Covina</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Nonmonetary Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Independent Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>X Support</td>
<td></td>
<td>$2,400.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oppose</td>
<td>□ Oppose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal $ 4,400.00

Schedule D Summary:
1. Contributions and independent expenditures made this period of $100 or more, (Include all Schedule D subtotals). $ 4,400.00
2. Unitemized contributions and independent expenditures made this period of under $100. $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 4,400.00

www.netfile.com
## Schedule E: Payments Made

**Amounts may be rounded to whole dollars.**

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

- **CMF:** campaign.paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain non-monetary)*
- **CVC:** civic donations
- **FIL:** candidate/filing/ballot fees
- **FND:** fundraising events
- **IND:** independent expenditure-supporting/opposing citizen-(explain)*
- **LEG:** legal defense
- **LT:** campaign/literature/mailings
- **MBR:** member/communications
- **MTG:** meetings and appearances
- **OFC:** office-expenses
- **PET:** petition/circulating
- **PPO:** phone banking
- **PQR:** polling and survey research
- **PCS:** postage, delivery, and messenger services
- **PRO:** professional services (legal, accounting)
- **PRT:** print ads
- **RAD:** radio, airline and production costs
- **RFD:** returned contributions
- **SAL:** campaign workers/salaries
- **TEL:** tv, radio, cable airline and production costs
- **TRC:** candidate travel, lodging, and meals
- **TRS:** staff/lodging/travel, lodging, and meals
- **TSF:** transfer between committees of the same candidate/sponsor
- **VOT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

### Payments Made

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (OR COMMITTEE) (ALSO ENTER ID NUMBER)</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Monte First (ID# 1405129) 4506 Bannister Ave.  El Monte, CA 91732</td>
<td>CTS</td>
<td></td>
<td></td>
<td>1,500.00</td>
</tr>
<tr>
<td>Gould &amp; Ozellana; LLC 269 E. Ocean Blvd. Ste. 555 Long Beach, CA 90802</td>
<td>PRO</td>
<td></td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td>4727 Mobility  P.O. Box 6463 Carol Stream, IL 60197</td>
<td>OFC</td>
<td></td>
<td></td>
<td>132.89</td>
</tr>
</tbody>
</table>

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

### Subtotals

- **SUBTOTALS:** $1,887.88

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $12,940.37
2. Uniformed payments made this period of under $100 $23.90
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 $12,964.47

PPCC Form 460 (Jan/2016)

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## Schedule E (Continuation Sheet)

### Payments Made

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

- **CMF**: campaign paraphernalia/misc.
- **CNS**: campaign consultants
- **CTB**: contribution (explain nonmonetary)*
- **CVG**: civic donations
- **FIL**: candidate filing/ballot fees
- **FND**: fundraising events
- **IND**: independent expenditure supporting/opposing others (explain)*
- **LES**: legal defense
- **LT**: campaign literature and mailing

**NAME AND ADDRESS OF PAYER (OF COMMITTEE, ALSO ENTER ID NUMBER):**

<table>
<thead>
<tr>
<th>Payer Details</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruben Bareas for Desert Community College Trustee (ID# 140870)</td>
<td>845664 Sunrise Ave.</td>
<td>CTR</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Gould &amp; Ozellana, LLC</td>
<td></td>
<td>PRO</td>
<td>250.00</td>
</tr>
<tr>
<td>Secretary of State</td>
<td>1500 11th Street</td>
<td>CMF</td>
<td>50.00</td>
</tr>
<tr>
<td>Dayana Sarrida</td>
<td></td>
<td>CNS</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Blanca Sanchez</td>
<td></td>
<td>CTS</td>
<td>0.500.00</td>
</tr>
<tr>
<td>Secretary of State</td>
<td>1500 11th Street</td>
<td>CMF</td>
<td>50.00</td>
</tr>
<tr>
<td>Gould &amp; Ozellana, LLC</td>
<td></td>
<td>PRO</td>
<td>250.00</td>
</tr>
<tr>
<td>Ruben Bareas for Desert Community College Trustee (ID# 140870)</td>
<td></td>
<td>CTR</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Secretary of State</td>
<td>1500 11th Street</td>
<td>CMF</td>
<td>50.00</td>
</tr>
<tr>
<td>Dayana Sarrida</td>
<td></td>
<td>CNS</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Blanca Sanchez</td>
<td></td>
<td>CTS</td>
<td>0.500.00</td>
</tr>
</tbody>
</table>

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

**Statement covers period**

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/23/2018</td>
<td>12/31/2018</td>
</tr>
</tbody>
</table>

**SUBTOTAL:** 6,800.00
### Schedule E (Continuation Sheet)

(Continuation Sheet) Payments Made

**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.
- CBS: campaign consultants
- CCB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- ND: independent expenditure-supporting/opposing others (explain)*
- LEG: legal defense
- LT: campaign literature and mailings

**Name and Address of Payee**

<table>
<thead>
<tr>
<th>Payee Description</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernandez for City Council 2018 (ID# 14208736)</td>
<td>TSP</td>
<td></td>
<td>1,490.00</td>
</tr>
<tr>
<td>AT&amp;T Mobility</td>
<td>ORC</td>
<td></td>
<td>137.58</td>
</tr>
<tr>
<td>ZTE Mobility</td>
<td>ORC</td>
<td></td>
<td>173.36</td>
</tr>
<tr>
<td>Ford Printing &amp; Mailing</td>
<td>LIT</td>
<td></td>
<td>1,003.69</td>
</tr>
<tr>
<td>Gould &amp; Coaliene, LLC</td>
<td>PRO</td>
<td></td>
<td>259.69</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 2,953.86

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*
### Schedule E
(Continuation Sheet)
Payments Made

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>STATEMENT COVERS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>from 10/22/2020</td>
</tr>
<tr>
<td></td>
<td>through 12/31/2020</td>
</tr>
</tbody>
</table>

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

- CMP: campaign paraphernalia/misc.
- CSS: campaign consultants
- GTB: contribution (explain nonmonetary)*
- CVC: civic donations
- PL: candidate filing/ballot fees
- RND: fundraising events
- ND: independent expenditure supporting/opposing others (exclusive)*
- LEG: legal defense
- UT: campaign literature and mailings

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demetris Harris: Los Angeles, CA</td>
</tr>
<tr>
<td>Paynea Zertida: La Puente, CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td>$900.20</td>
</tr>
<tr>
<td>CNS</td>
<td>$1,193.13</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL:** $2,093.33