



Secretary of State ALEX PADILLA

SECRETARY OF STATE

ELECTIONS

CAMPAIGN & LOBBYING

BUSINESS PROGRAMS

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Campaign Finance

Candidates & Elected Officials

Propositions & Ballot Measures

Committees, Parties, Major Donors & Slate Mailers

Daily/Late/Special Filings

Lobbying Activity

Resources

For Filers Only

Political Reform

User's Manual

Cal-Access

Campaign Finance:
HERNANDEZ FOR SAN LEANDRO CITY COUNCIL 2016; ED

Election Cycle:

- 2017 through 2018
Historical

View Information:

(Due to the amount of data, these pages may take some time to load.)

- General Information
Contributions Received
Contributions Made
Expenditures Made
Late and \$5000+ Contributions Received
Late Contributions Made
Late Independent Expenditures
Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

FILER ID:

1380984

FILER PHONE:

(510) 414-2438

SUMMARY INFORMATION - HERNANDEZ FOR SAN LEANDRO CITY COUNCIL 2016; ED (ID# 1380984)

CURRENT STATUS ACTIVE

This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1380984

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

|                     |
|---------------------|
| Date Stamp          |
| CITY OF SAN LEANDRO |
| MAR 1 2017          |
| CITY CLERK'S OFFICE |

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)

1319 Washington Av 223

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Leandro

CA 94577

(510)414-2438

MAILING ADDRESS (IF DIFFERENT)

PO Box 223, San Leandro CA 94577-0022

FAX / E-MAIL ADDRESS

kponcpa@sprynet.com

COUNTY OF DOMICILE

Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Leandro

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Kenneth Pon CPA

STREET ADDRESS (NO P.O. BOX)

1319 Washington Av 223

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Leandro

CA 94577

(510)414-2438

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/19/2016  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/19/2016  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME  
Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

- All committees must list the financial institution where the campaign bank account is located.

|  |                                  |                                   |                   |
|--|----------------------------------|-----------------------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION<br>Comerica Bank | AREA CODE/PHONE<br>(510)346-3340 | BANK ACCOUNT NUMBER<br>1895027405 |                   |
| ADDRESS<br>1301 E 14th St                      | CITY<br>San Leandro              | STATE<br>CA                       | ZIP CODE<br>94577 |

**4. Type of Committee** - Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY   |
|--|---|------------------|---|
| Ed Hernandez   | City Council, District 2  | 2016             | <input checked="" type="checkbox"/> Nonpartisan |
|  |   |                  | <input type="checkbox"/> Nonpartisan            |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |   |  |   |
|--|---|---|--|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> 10/30/2016   | <b>Date Stamp</b><br>CITY OF SAN LEANDRO<br>OCT 31 2016<br>CITY CLERK'S OFFICE | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(510) 895-2011                        | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> LCR-20161080  |  |   |
| <b>STREET ADDRESS</b><br>151 Callan Ave 30B                            |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |
| <b>CITY</b><br>San Leandro   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94577  | <b>No. of Pages</b> 2  | 1/2   |

## Late Contribution(s) Received

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|----------------|---|---|--|-----------------|
| 10/30/2016<br> | Creekside Associates LLC<br>1221 Bridgeway 1<br><br>Sausalito CA 94965<br>ID:                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00         |
|                | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                 |
|                | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                 |

**\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

Oct 30 16 01:37 PM

Kenneth Pon CPA 510 895 2018

CITY CLERK'S OFFICE  
OCT 31 2012  
CITY OF SAN LEANDRO

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |   |   |
|--|---|---|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> _____  | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> _____   |   |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |   |
| <b>CITY</b>  | <b>STATE</b>                                  | <b>ZIP CODE</b>   |   |
|  |   |   | 212   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br><small>(IF APPLICABLE)</small> |
|-----------|---|--|------------------------|--|
|           | ID:   | Ballot<br>Dist:                                  |                        |  |
|           | ID:   | Ballot<br>Dist:                                  |                        |  |
|           | ID:   | Ballot<br>Dist:                                  |                        |  |
|           | ID:   | Ballot<br>Dist:                                  |                        |  |

Reason for Amendment: \_\_\_\_\_

**Late Contribution Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |  |   |   |
|--|---|--|---|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> 10/22/2016  | Date Stamp<br><b>CITY OF SAN LEANDRO</b><br>OCT 24 2016<br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(510) 895-2011                        | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> LCR-20161022   |   |   |
| <b>STREET ADDRESS</b><br>151 Callan Ave 305                            |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>San Leandro   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94577   | <b>No. of Pages</b> 2   | 1/2   |

**Late Contribution(s) Received**

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 10/22/2016<br> | Ed Miler<br>11726 San Vicente Bl<br><br>Brentwood CA 90049<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br>Cal Coast Companies LLC  | 1000.00         |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

CITY CLERK'S OFFICE  
OCT 8 4 501C  
CITY OF SAN LEANDRO



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |  |   |   |
|--|---|--|---|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> _____   | CITY OF SAN LEANDRO<br><br>OCT 24 2016<br><br>CITY CLERK'S OFFICE | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b> _____                                    | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> _____  |   |   |
| <b>STREET ADDRESS</b> _____  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b> _____  | <b>STATE</b> _____                            | <b>ZIP CODE</b> _____  |   | <b>No. of Pages</b> _____<br>212                        |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
|           | ID: _____  | Ballot<br>Dist: _____                               |                        |                                     |
|           | ID: _____  | Ballot<br>Dist: _____                               |                        |                                     |
|           | ID: _____  | Ballot<br>Dist: _____                               |                        |                                     |
|           | ID: _____  | Ballot<br>Dist: _____                               |                        |                                     |

Reason for Amendment: \_\_\_\_\_

CITY CLERK'S OFFICE  
OCT 24 504  
CITY OF SAN LEANDRO

**Late Contribution Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |  |   |   |
|--|---|--|---|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> 10/21/2016                                      | Date Stamp<br><b>CITY OF SAN LEANDRO</b><br>OCT 24 2016<br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(510) 895-2011                        | <b>I.D. NUMBER (if applicable)</b><br>1330984 | <b>Report No.</b> LCR-20161021   |   |   |
| <b>STREET ADDRESS</b><br>151 Callan Ave 308                            |   | <input type="checkbox"/> <b>Amendment to Report No.</b><br>(explain below) |   |   |
| <b>CITY</b><br>San Leandro   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94577   | <b>No. of Pages</b> 2   | 1/2   |

**Late Contribution(s) Received**

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 10/21/2016<br> | Sunny H. Tong<br>520 S El Camino Real 700<br><br>San Mateo CA 94402<br>ID:                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGING DIRECTOR<br><br>Westlake Urban   | 1000.00         |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

**\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

CITY CLERK'S OFFICE  
OCT 31 2018  
CITY OF SAN LEANDRO

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |   |  |   |
|--|---|---|--|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> _____  | CITY OF SAN LEANDRO<br><br>OCT 24 2016<br><br>CITY CLERK'S OFFICE<br><br>212 | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b> _____                                    | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> _____   |  |   |
| <b>STREET ADDRESS</b> _____  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |
| <b>CITY</b> _____  | <b>STATE</b> _____                            | <b>ZIP CODE</b> _____   |  | <b>No. of Pages</b> _____                               |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br><small>(IF APPLICABLE)</small> |
|-----------|---|---|------------------------|--|
|           | ID: _____   | Ballot<br>Dist: _____                               |                        |  |
|           | ID: _____   | Ballot<br>Dist: _____                               |                        |  |
|           | ID: _____   | Ballot<br>Dist: _____                               |                        |  |
|           | ID: _____   | Ballot<br>Dist: _____                               |                        |  |

Reason for Amendment: \_\_\_\_\_

**Late Contribution Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |  |  |   |
|--|---|--|--|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> 09/20/2016  | <b>Date Stamp</b><br><div style="border: 1px solid black; padding: 5px; text-align: center;">                 CITY OF SAN LEANDRO<br/><br/>                 SEP 20 2016<br/><br/>                 CITY CLERK'S OFFICE             </div> | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(510) 895-2011                        | <b>I.D. NUMBER (if applicable)</b><br>1380984 | <b>Report No.</b> LCR-20160920   |  |   |
| <b>STREET ADDRESS</b><br>151 Callan Ave 305                            |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |  |   |
| <b>CITY</b><br>San Leandro   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94577   | <b>No. of Pages</b> 2  | 1/2   |

**Late Contribution(s) Received**

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 09/20/2016<br> | Anthony A. Batarse Jr<br>10550 International Bl<br><br>Oakland CA 94603<br>ID:                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br><br>Lloyd A Wise Co  | 1000.00         |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

**\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

Sep 20 16 10:18 AM

Kenneth Pon CPA 510 895 2018



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |   |  |   |
|--|---|---|--|---|
| <b>NAME OF FILER</b><br>Ed Hernandez for San Leandro City Council 2016 |   | <b>Date of This Filing</b> _____<br><br><b>Report No.</b> _____<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small><br><br><b>No. of Pages</b> _____ | CITY OF SAN LEANDRO<br><br>SEP 20 2016<br><br>CITY CLERK'S OFFICE<br><br>212 | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  | <b>I.D. NUMBER (if applicable)</b><br>1380984 |   |  |   |
| <b>STREET ADDRESS</b>  |   |   |  |   |
| <b>CITY</b>  | <b>STATE</b>                                  | <b>ZIP CODE</b>   |  |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br><small>(IF APPLICABLE)</small> |
|-----------|---|---|------------------------|--|
|           | ID:   | Ballot<br>Dist:                                     |                        |  |
|           | ID:   | Ballot<br>Dist:                                     |                        |  |
|           | ID:   | Ballot<br>Dist:                                     |                        |  |
|           | ID:   | Ballot<br>Dist:                                     |                        |  |

Reason for Amendment: \_\_\_\_\_



CITY CLERK'S OFFICE  
SEP 20 2016  
CITY OF SAN LEANDRO

CITY OF SAN LEANDRO  
SEP 20 2016  
CITY CLERK'S OFFICE

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1380984

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

11/2/15  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp

**CALIFORNIA FORM 410**  
CITY OF SAN LEANDRO  
NOV 12 2015  
CITY CLERK'S OFFICE

**1. Committee Information**

NAME OF COMMITTEE

Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)

151 Callan Ave. #306

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Leandro

CA 94577

(510)895-2011

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

kponcpa@sprynet.com

510.895.2018

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Alameda

City of San Leandro

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Ken Pon CPA

STREET ADDRESS (NO P.O. BOX)

151 Callan Ave. #306

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Leandro

CA 94577

(510)895-2011

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

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

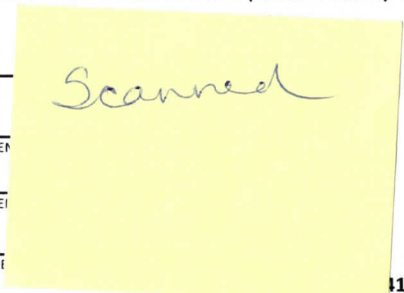
Executed on \_\_\_\_\_ By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

11/2/15  
DATE

Executed on \_\_\_\_\_ By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONER



410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE **110**

COMMITTEE NAME  
**Ed Hernández for San Leandro City Council 2016**

I.D. NUMBER  
**1380984**

All committees must list the financial institution where the campaign bank account is located.

|   |   |  |
|---|---|--|
| NAME OF FINANCIAL INSTITUTION<br><b>Comerica Bank</b> | AREA CODE/PHONE<br><b>(510)346-3340</b> | BANK ACCOUNT NUMBER<br><b>1895027405</b> |
| ADDRESS<br><b>1301 E 14th Street</b>                  | CITY<br><b>San Leandro</b>              | STATE ZIP CODE<br><b>CA 94577</b>        |

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY   |
|--|---|------------------|---|
| <b>Ed Hernandez</b>                                    | <b>City Council, District 2</b>   | <b>2016</b>      | <input checked="" type="checkbox"/> Nonpartisan |
|  |   |                  | <input type="checkbox"/> Nonpartisan            |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                                    |
|---|--|-------------------------------------|------------------------------------|
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |
|   |  | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |

1380984

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified  or List I.D. number: # \_\_\_\_\_

Date qualified as committee 11/2/15 Date qualified as committee (if applicable) \_\_\_\_\_ Date of Termination \_\_\_\_\_

Date Stamp  
**FILED**  
in the office of the Secretary of State  
of the State of California  
NOV 03 2015

**CALIFORNIA FORM 410**  
For Official Use Only  
**CITY OF SAN LEANDRO**  
NOV 12 2015  
**CITY CLERK'S OFFICE**

1. Committee Information

NAME OF COMMITTEE  
**Ed Hernandez for San Leandro City Council 2016**

STREET ADDRESS (NO P.O. BOX)  
**151 Callan Ave. #306**

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| San Leandro | CA    | 94577    | (510)895-2011   |

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS  
**kponcpa@sprynet.com** **510.895.2018**

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|--|
| Alameda            | City of San Leandro                    |

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
**Ken Pon CPA**

STREET ADDRESS (NO P.O. BOX)  
**151 Callan Ave. #306**

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| San Leandro | CA    | 94577    | (510)895-2011   |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 \_\_\_\_\_ DATE By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/2/15 DATE By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME

Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER

All committees must list the financial institution where the campaign bank account is located.

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>Comerica Bank | AREA CODE/PHONE<br>(510)346-3340 | BANK ACCOUNT NUMBER<br>1895027405 |
| ADDRESS<br>1301 E 14th Street                  | CITY<br>San Leandro              | STATE ZIP CODE<br>CA 94577        |

**Type of Committee** Complete the applicable sections

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY   |
|--|---|------------------|---|
| Ed Hernandez   | City Council, District 2  | 2016             | <input checked="" type="checkbox"/> Nonpartisan |
|  |   |                  | <input type="checkbox"/> Nonpartisan            |

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                |                          |
|---|--|--------------------------|--------------------------|
|   |  | SUPPORT                  | OPPOSE                   |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/> | <input type="checkbox"/> |

223912

Candidate Intention Statement

Type or Print in Ink.

CITY OF SAN LEANDRO  
 NOV 12 2015  
 CITY CLERK'S OFFICE

CANDIDATE INTENTION STATEMENT  
 CALIFORNIA FORM 501  
 For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

|   |                                     |                                 |  |
|---|-------------------------------------|---------------------------------|--|
| NAME OF CANDIDATE (Last, First, Middle Initial)   | DAYTIME TELEPHONE NUMBER            | FAX NUMBER (optional)           | E-MAIL (optional)                                |
| Ed Hernandez  | ( 510 ) 895-2011                    | (510) 895-2018                  | kponcpa@sprynet.com                              |
| STREET ADDRESS  | CITY                                | STATE                           | ZIP CODE   |
| 151 Callan Ave. #306  | San Leandro                         | CA                              | 94577  |
| OFFICE SOUGHT (POSITION TITLE)  | AGENCY NAME                         | DISTRICT NUMBER, if applicable. | <input checked="" type="checkbox"/> NON-PARTISAN |
| City Council  | City of San Leandro                 | 2                               | PARTY:   |
| OFFICE JURISDICTION   |                                     |                                 |  |
| <input type="checkbox"/> State (Complete Part 2.)   |                                     |                                 |  |
| <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ | 2016 (Year of Election)             |                                 |  |
|   | (Name of Multi-County Jurisdiction) |                                 |  |

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Primary/general election | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Special/runoff election  
(Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on 11/2/15  
(month, day, year)

Signature [Handwritten Signature]  
(Candidate)

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

|   |                                      |
|---|--------------------------------------|
| Date Stamp<br><b>CITY OF SAN LEANDRO</b><br><br>JUL 31 2018<br><br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA FORM 460</b>           |
|   | Page 1 of 6<br>For Official Use Only |

|   |  |
|---|--|
| <b>Statement covers period</b><br>from 01/01/2018<br>through 06/30/2018 | <b>Date of Election if applicable</b><br>11.6.18<br>(Month, Day, Year) |
|---|--|

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1380984

COMMITTEE NAME  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO PO BOX)  
1319 Washington Ave 223

CITY STATE ZIP CODE AREA CODE/PHONE  
San Leandro CA 94577 510/414-2438

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS  
/ kponcpa@sprynet.com

**Treasurer(s)**

NAME OF TREASURER  
Kenneth Pon CPA

STREET ADDRESS  
1319 Washington Ave 223

CITY STATE ZIP CODE AREA CODE/PHONE  
San Leandro CA 94577 510/414-2438

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
( ) - / kponcpa@sprynet.com

**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 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 7.24.18 By [Signature] CPA SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 7/25/18 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Statement covers period  
from 01/01/2018  
through 06/30/2018

Page 2 of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member - District 2 City of San Leandro

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
1319 Washington Ave 223 San Leandro CA 94577

**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                          | I.D. NUMBER  |
| NAME OF TREASURER                       | CONTROLLED COMMITTEE ?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE STREET ADDRESS ( NO P.O. BOX) |  |
| CITY                                    | STATE ZIP CODE AREA CODE/PHONE   |
| COMMITTEE NAME                          | I.D. NUMBER  |
| NAME OF TREASURER                       | CONTROLLED COMMITTEE ?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE 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 OR 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 |



# Campaign Disclosure Statement Summary Page

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 06/30/2018 | Page 3 of 6                    |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| <b>Contributions Received</b>                             |  |  |
| 1. Monetary Contributions . . . . . Schedule A, Line 3    | \$ 2,500.00  | \$ 2,500.00                                |
| 2. Loans Received . . . . . Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2    | \$ 2,500.00  | \$ 2,500.00                                |
| 4. Nonmonetary Contributions . . . . . Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4 | \$ 2,500.00  | \$ 2,500.00                                |

### 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      | \$ _____         | \$ _____    |

|   |             |             |
|---|-------------|-------------|
| <b>Expenditures Made</b>  |             |             |
| 6. Payments Made . . . . . Schedule E, Line 4                   | \$ 2,625.67 | \$ 2,625.67 |
| 7. Loans Made . . . . . Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7             | \$ 2,625.67 | \$ 2,625.67 |
| 9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3 | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment . . . . . Schedule C, Line 3         | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8 + 9 + 10      | \$ 2,625.67 | \$ 2,625.67 |

### Expenditure Limit Summary for State Candidates

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

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

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

|   |           |
|---|-----------|
| <b>Current Cash Statement</b>   |           |
| 12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16   | \$ 696.05 |
| 13. Cash Receipts . . . . . Column A, Line 3 above                    | 2,500.00  |
| 14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4      | 0.00      |
| 15. Cash Payments . . . . . Column A, Line 8 above                    | 2,625.67  |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 570.38 |
| 17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2              | \$ 0.00   |

|   |         |
|---|---------|
| <b>Cash Equivalents and Outstanding Debts</b>                         |         |
| 18. Cash Equivalents . . . . .  | \$ 0.00 |
| 19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above | \$ 0.00 |

**Schedule A  
Monetary Contributions Received**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 06/30/2018 | Page 4 of 6                    |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|------------------|---|-----------------|--|---------------------------------------|
| 02/07/2018    | Rental Housing Owners Assoc of So Alameda County<br>980 9TH ST STE 1430<br>SACRAMENTO, CA 95814 | COM              | ID No. 745208   | 2,500.00        | 2,500.00   |                                       |

**SUBTOTAL \$** 2,500.00

**Schedule A Summary**

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule A subtotals) . . . . .                                    | \$              | 2,500.00        |
| 2. Amount received this period - unitemized . . . . .   | \$              | 0.00            |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) . . . . . | <b>TOTAL \$</b> | <u>2,500.00</u> |

**\*\* Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule E  
Payments Made**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2018 |                                |
| through                 | 06/30/2018 | Page 5 of 6                    |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

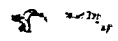
**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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  | CODE or DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|--|--------------------------------|-----------------|
| Gordon Galvan<br><br>PO Box 3101<br>San Leandro, CA 94578                        | RFD                            | 1,000.00        |
| Glória Ritchie and Associates LLC<br><br>43531 Ellsworth St<br>Fremont, CA 94539 | CNS                            | 500.00          |
| Kenneth Pon CPA<br><br>151 Callan Av 306<br>San Leandro, CA 94577                | PRO                            | 545.00          |
| <b>SUBTOTAL \$</b>   |                                | <b>2,045.00</b> |

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 2,600.67              |
| 2. Unitemized payments made this period of under \$100  | \$ 25.00                 |
| 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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 2,625.67</b> |



# Schedule E (Continuation Sheet) Payments Made

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                                      |            | <b>CALIFORNIA FORM 460</b> |
| from   | 01/01/2018 |                            |
| through  | 06/30/2018 | Page 6 of 6                |
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 |            | I.D. NUMBER<br>1380984     |

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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   | CODE or | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| NationBuilder<br>520 S Grand Av 200<br>Los Angeles, CA 90071                | OFC     |                        | 226.20      |
| Remcho Johansen & Purcell LLP<br>1901 Harrison St 1550<br>Oakland, CA 94612 | CNS     |                        | 329.47      |

**SUBTOTAL \$** 555.67

# Recipient Committee Campaign Statement Cover Page

|   |                                       |
|---|---------------------------------------|
| CITY OF SAN LEANDRO<br>Date Stamp<br>JAN 31 2018<br>CITY CLERK'S OFFICE | CALIFORNIA FORM <b>460</b>            |
|   | Page 1 of 10<br>For Official Use Only |

|  |  |
|--|--|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | Date of Election if applicable<br><br>(Month, Day, Year) |
|--|--|

### 1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

### 2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

### 3. Committee Information

I.D. Number 1380984

COMMITTEE NAME

Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO PO BOX)

1319 Washington Ave 223

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | 510/414-2438    |

MAILING ADDRESS (IF DIFFERENT)

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

OPTIONAL: FAX / E-MAIL ADDRESS

/ kponcpa@sprynet.com

### Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

STREET ADDRESS  
1319 Washington Ave 223

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | 510/414-2438    |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

( ) - / kponcpa@sprynet.com

### 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 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 1.31.18 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/18 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

CITY CLERK'S OFFICE  
 JAN 27 2018  
 815 7 518  
 2017

Statement covers period  
 from 07/01/2017  
 through 12/31/2017

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Ed Hernandez

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 City Council Member - District 2 City of San Leandro

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
 1319 Washington Ave 223 San Leandro CA 94577

**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 | I.D. NUMBER |
|----------------|-------------|
|                |             |

NAME OF TREASURER CONTROLLED COMMITTEE ?  
 YES  NO

COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|                |             |

NAME OF TREASURER CONTROLLED COMMITTEE ?  
 YES  NO

COMMITTEE 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 |
|----------------------|--------------|----------------------------------|---------------------------------|
|                      |              |                                  |                                 |

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

NAME OF OFFICEHOLDER OR 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 |
|-----------------------------------|-----------------------|----------------------------------|---------------------------------|
|                                   |                       |                                  |                                 |
|                                   |                       |                                  |                                 |
|                                   |                       |                                  |                                 |
|                                   |                       |                                  |                                 |

Campaign Disclosure Statement Summary Page

Statement covers period from 07/01/2017 through 12/31/2017 CALIFORNIA FORM 460 Page 3 of 10

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER 1380984

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Contributions Received (Monetary, Loans, SUBTOTAL, Nonmonetary, TOTAL).

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

Table with 3 columns: Description, 1/1 through 6/30, 7/1 to Date. Rows include Contributions Received and Expenditures Made.

Table with 3 columns: Description, Column A, Column B. Rows include Expenditures Made (Payments, Loans, SUBTOTAL, Accrued Expenses, Nonmonetary Adjustment, TOTAL).

Expenditure Limit Summary for State Candidates

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

Table with 2 columns: Description, Amount. Rows for cumulative expenditures.

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

Table with 2 columns: Description, Amount. Rows include Current Cash Statement (Beginning Balance, Receipts, Payments, ENDING CASH BALANCE) and LOAN GUARANTEES RECEIVED.

Table with 2 columns: Description, Amount. Rows include Cash Equivalents and Outstanding Debts.

Schedule A  
Monetary Contributions Received

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 4 of 10

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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                    | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|------------------|--|------------------------------------|---|------------------------------------|
| 12/08/2017    | Creekside Associates LLC<br>1221 Bridgeway 1<br>Sausalito, CA 94965                          | OTH              |  | 1,000.00                           | 1,000.00  |                                    |
| 11/30/2017    | Nico S. Enea<br>2847 Regatta Dr<br>Oakland, CA 94601   | IND              | Director Business Development<br>Bloom Innovations Inc                                     | 100.00                             | 100.00  |                                    |
| 12/12/2017    | Gordon Galvan<br>PO Box 3101<br>San Leandro, CA 94578  | IND              | Consultant<br>Galvan & Associates  | -2,500.00<br>Contribution returned | 1,000.00  |                                    |
| 11/30/2017    | Gordon Galvan<br>PO Box 3101<br>San Leandro, CA 94578  | IND              | Consultant<br>Galvan & Associates  | 2,500.00                           | 1,000.00  |                                    |

**SUBTOTAL \$** 1,100.00

Schedule A Summary

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule A subtotals) .....                                    | \$              | 6,950.00        |
| 2. Amount received this period - unitemized .....   | \$              | 174.00          |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) ..... | <b>TOTAL \$</b> | <b>7,124.00</b> |

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page 5 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|------------------|--|-----------------|---|------------------------------------|
| 11/30/2017    | Gordon Galvan<br><br>PO Box 3101<br>San Leandro, CA 94578<br><br>Refunded in subsequent reporting period. | IND              | Refunded in subsequent reporting period.<br><br>Galvan & Associates                        | 1,000.00        | 1,000.00  |                                    |
| 11/01/2017    | Daniel J. Grace<br><br>963 Lee Av<br>San Leandro, CA 94577  | IND              | President<br><br>Dark Heart Nursery  | 1,000.00        | 1,000.00  |                                    |
| 11/30/2017    | John Oram<br><br>2211 Oregon St<br>Berkeley, CA 94705   | IND              | Scientist<br><br>Bloom Innovations Inc   | 500.00          | 500.00  |                                    |
| 12/20/2017    | Nancy Pretto<br><br>775 Bridge Rd<br>San Leandro, CA 94577  | IND              | None<br><br>None   | 500.00          | 500.00  |                                    |

**SUBTOTAL \$ 3,000.00**

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2017 |                                |
| through                 | 12/31/2017 | Page 6 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|------------------|---|-----------------|--|---------------------------------------|
| 09/14/2017    | Rental Housing Owners Assoc of So Alameda County<br><br>980 9TH ST STE 1430<br>SACRAMENTO, CA 95814 | COM              | ID No. 745208   | 2,500.00        | 2,500.00   |                                       |
| 11/30/2017    | TEAMSTERS LOCAL NO. 853 PAC<br><br>2100B MERCED STREET<br>SAN LEANDRO, CA 94577                     | COM              | ID No. 1250157  | 350.00          | 350.00   |                                       |

**SUBTOTAL \$** 2,850.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 7 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER  | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)                                       | (b)                         | (c)  | (d)   | (e)                       | (f)                         | (g)  |
|---|--|---|-----------------------------|--|---|---------------------------|-----------------------------|--|
|   |  | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD  | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN     | CUMULATIVE CONTRIBUTIONS TO DATE           |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 1,500.00                                  |                             | <input checked="" type="checkbox"/> PAID<br>1500.00<br><input type="checkbox"/> FORGIVEN | 0.00  | 0.00                      | 1,500.00                    | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |   |                             |  | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>11/02/2015 |  |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 350.00                                    |                             | <input checked="" type="checkbox"/> PAID<br>350.00<br><input type="checkbox"/> FORGIVEN  | 0.00  | 0.00                      | 350.00                      | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |   |                             |  | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>11/13/2015 |  |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 5,000.00                                  |                             | <input checked="" type="checkbox"/> PAID<br>5000.00<br><input type="checkbox"/> FORGIVEN | 0.00  | 0.00                      | 5,000.00                    | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |   |                             |  | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>12/20/2016 |  |

|                     |          |             |          |          |  |
|---------------------|----------|-------------|----------|----------|--|
| <b>SUBTOTALS \$</b> | (b) 0.00 | (c) 6850.00 | (d) 0.00 | (e) 0.00 |  |
|---------------------|----------|-------------|----------|----------|--|

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- Loans paid or forgiven this period ..... \$ 7,202.25  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 7,202.25  
Enter the net here and on the Summary Page, Column A, Line 2.

**\*\* Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule B - Part 1 (Continued)**  
**Loans Received**

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 8 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER                 | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)                                       | (b)                         | (c)   | (d)   | (e)                       | (f)                         | (g)  |
|--|--|---|-----------------------------|---|---|---------------------------|-----------------------------|--|
|  |  | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD   | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN     | CUMULATIVE CONTRIBUTIONS TO DATE               |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577 |  | 352.25                                    |                             | <input checked="" type="checkbox"/> PAID<br>352.25<br><br><input type="checkbox"/> FORGIVEN | 0.00  |                           | 352.25                      | CALENDAR YEAR<br>-6,850<br><br>PER ELECTION ** |
| Contributor Code: IND  |  |   |                             |   | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>01/01/2017 |  |

|                     |      |        |      |      |  |
|---------------------|------|--------|------|------|--|
|                     | (b)  | (c)    | (d)  | (e)  |  |
| <b>SUBTOTALS \$</b> | 0.00 | 352.25 | 0.00 | 0.00 |  |

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2017 |                                |
| through                 | 12/31/2017 | Page 9 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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) |
|------------|---|---|---------------------------|--------------------|---|------------------------------------|
| 10/07/2017 | Rob Bonta<br>State Assembly Person<br>State District Office<br>District 18                          | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 75.00              | 325.00  | 325.00 (C)                         |
|            |   | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE   |                           |                    |   |                                    |
| 10/06/2017 | Gavin Newsom<br>Governor<br>Statewide Office  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 100.00             | 100.00  | 100.00 (P18)                       |
|            |   | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE   |                           |                    |   |                                    |

**SUBTOTAL \$ 175.00**

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. ) ..... \$ 175.00
- 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 \$ 175.00**

**Schedule E  
Payments Made**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2017 |                                |
| through                 | 12/31/2017 | Page 10 of 10                  |

|  |                        |
|--|------------------------|
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 | I.D. NUMBER<br>1380984 |
|--|------------------------|

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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   | CODE or | DESCRIPTION OF PAYMENT | AMOUNTPAID      |
|---|---------|------------------------|-----------------|
| Community Impact Lab<br>101 Estudillo Av<br>San Leandro, CA 94577   | CVC     |                        | 250.00          |
| Kenneth Pon CPA<br>151 Callan Av 306<br>San Leandro, CA 94577   | PRO     |                        | 1,630.05        |
| Newsom for California - Governor 2018<br>465 California St 425<br>San Francisco, CA 94104<br>ID No: 1375287 | CTB     |                        | 100.00          |
| <b>SUBTOTAL \$</b>  |         |                        | <b>1,980.05</b> |

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 1,980.05              |
| 2. Unitemized payments made this period of under \$100  | \$ 125.00                |
| 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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 2,105.05</b> |

# Recipient Committee Campaign Statement Cover Page

|   |                            |
|---|----------------------------|
| Date Stamp<br><b>CITY OF SAN LEANDRO</b><br>JAN 31 2018<br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA FORM 460</b> |
|   | Page 1 of 10               |
|   | For Official Use Only      |

|  |  |
|--|--|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | Date of Election if applicable<br><br>(Month, Day, Year) |
|--|--|

## 1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

## 2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

I.D. Number 1380984

### COMMITTEE NAME

Ed Hernandez for San Leandro City Council 2016

### STREET ADDRESS (NO PO BOX)

1319 Washington Ave 223

CITY STATE ZIP CODE AREA CODE/PHONE

San Leandro CA 94577 510/414-2438

### MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

### OPTIONAL: FAX / E-MAIL ADDRESS

/ kponcpa@sprynet.com

## Treasurer(s)

### NAME OF TREASURER

Kenneth Pon CPA

### STREET ADDRESS

1319 Washington Ave 223

CITY STATE ZIP CODE AREA CODE/PHONE

San Leandro CA 94577 510/414-2438

### NAME OF ASSISTANT TREASURER, IF ANY

### STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

### OPTIONAL: FAX / E-MAIL ADDRESS

( ) - / kponcpa@sprynet.com

## 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 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 1.31.18

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/18

By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

STAMP: CIVIL SERVICE OFFICE

Statement covers period  
from 07/01/2017  
through 12/31/2017

Page 2 of 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ed Hernandez

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member - District 2 City of San Leandro

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP

1319 Washington Ave 223 San Leandro CA 94577

**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 | I.D. NUMBER |
|----------------|-------------|
|                |             |

| NAME OF TREASURER | CONTROLLED COMMITTEE ?                                   |
|-------------------|--|
|                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

COMMITTEE STREET ADDRESS ( NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|                |             |

| NAME OF TREASURER | CONTROLLED COMMITTEE ?                                   |
|-------------------|--|
|                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

COMMITTEE 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

SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER OR 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 |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |



Campaign Disclosure Statement Summary Page

Statement covers period from 07/01/2017 through 12/31/2017 CALIFORNIA FORM 460 Page 3 of 10

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER 1380984

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Contributions Received (Monetary, Loans, SUBTOTAL, Nonmonetary, TOTAL).

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

Table with 3 columns: Description, 1/1 through 6/30, 7/1 to Date. Rows include Contributions Received and Expenditures Made.

Table with 3 columns: Description, Column A, Column B. Rows include Expenditures Made (Payments, Loans, SUBTOTAL, Accrued Expenses, Nonmonetary Adjustment, TOTAL).

Expenditure Limit Summary for State Candidates

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

Table with 2 columns: Description, Amount. Rows for cumulative expenditures.

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

Table with 2 columns: Description, Amount. Rows include Current Cash Statement (Beginning Balance, Receipts, Payments, ENDING BALANCE) and Loan Guarantees Received.

Table with 2 columns: Description, Amount. Rows include Cash Equivalents and Outstanding Debts.

**Schedule A  
Monetary Contributions Received**

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page 4 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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                    | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|------------------|--|------------------------------------|---|------------------------------------|
| 12/08/2017    | Creekside Associates LLC<br>1221 Bridgeway 1<br>Sausalito, CA 94965                          | OTH              |  | 1,000.00                           | 1,000.00  |                                    |
| 11/30/2017    | Nico S. Enea<br>2847 Regatta Dr<br>Oakland, CA 94601   | IND              | Director Business Development<br>Bloom Innovations Inc                                     | 100.00                             | 100.00  |                                    |
| 12/12/2017    | Gordon Galvan<br>PO Box 3101<br>San Leandro, CA 94578  | IND              | Consultant<br>Galvan & Associates  | -2,500.00<br>Contribution returned | 1,000.00  |                                    |
| 11/30/2017    | Gordon Galvan<br>PO Box 3101<br>San Leandro, CA 94578  | IND              | Consultant<br>Galvan & Associates  | 2,500.00                           | 1,000.00  |                                    |

**SUBTOTAL \$ 1,100.00**

**Schedule A Summary**

|   |                          |
|---|--------------------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule A subtotals) .....                                    | \$ 6,950.00              |
| 2. Amount received this period - unitemized .....   | \$ 174.00                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) ..... | <b>TOTAL \$ 7,124.00</b> |

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 5 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|------------------|--|-----------------|---|------------------------------------|
| 11/30/2017    | Gordon Galvan<br><br>PO Box 3101<br>San Leandro, CA 94578<br><br>Refunded in subsequent reporting period. | IND              | Refunded in subsequent reporting period.<br><br>Galvan & Associates                        | 1,000.00        | 1,000.00  |                                    |
| 11/01/2017    | Daniel J. Grace<br><br>963 Lee Av<br>San Leandro, CA 94577  | IND              | President<br><br>Dark Heart Nursery  | 1,000.00        | 1,000.00  |                                    |
| 11/30/2017    | John Oram<br><br>2211 Oregon St<br>Berkeley, CA 94705   | IND              | Scientist<br><br>Bloom Innovations Inc   | 500.00          | 500.00  |                                    |
| 12/20/2017    | Nancy Pretto<br><br>775 Bridge Rd<br>San Leandro, CA 94577  | IND              | None<br><br>None   | 500.00          | 500.00  |                                    |

**SUBTOTAL \$ 3,000.00**

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 07/01/2017  
through 12/31/2017

**CALIFORNIA FORM 460**

Page 6 of 10

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|------------------|---|-----------------|--|---------------------------------------|
| 09/14/2017    | Rental Housing Owners Assoc of So Alameda County<br><br>980 9TH ST STE 1430<br>SACRAMENTO, CA 95814 | COM              | ID No. 745208   | 2,500.00        | 2,500.00   |                                       |
| 11/30/2017    | TEAMSTERS LOCAL NO. 853 PAC<br><br>2100B MERCED STREET<br>SAN LEANDRO, CA 94577                     | COM              | ID No. 1250157  | 350.00          | 350.00   |                                       |

**SUBTOTAL \$** 2,850.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page 7 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER  | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE    |
|---|--|--|------------------------------------|--|--|----------------------------------|--------------------------------|--|
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 1,500.00   |                                    | <input checked="" type="checkbox"/> PAID<br>1500.00<br><input type="checkbox"/> FORGIVEN | 0.00   | 0.00                             | 1,500.00                       | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>11/02/2015    |  |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 350.00   |                                    | <input checked="" type="checkbox"/> PAID<br>350.00<br><input type="checkbox"/> FORGIVEN  | 0.00   | 0.00                             | 350.00                         | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>11/13/2015    |  |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 5,000.00   |                                    | <input checked="" type="checkbox"/> PAID<br>5000.00<br><input type="checkbox"/> FORGIVEN | 0.00   | 0.00                             | 5,000.00                       | CALENDAR YEAR<br>-6,850<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>12/20/2016    |  |

|                     |             |                |             |             |  |
|---------------------|-------------|----------------|-------------|-------------|--|
| <b>SUBTOTALS \$</b> | (b)<br>0.00 | (c)<br>6850.00 | (d)<br>0.00 | (e)<br>0.00 |  |
|---------------------|-------------|----------------|-------------|-------------|--|

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- Loans paid or forgiven this period ..... \$ 7,202.25  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 7,202.25  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1 (Continued)**  
**Loans Received**

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 8 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER                 | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)                                       | (b)                         | (c)  | (d)   | (e)                       | (f)                         | (g)                              |
|--|--|---|-----------------------------|--|---|---------------------------|-----------------------------|----------------------------------|
|  |  | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD                | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN     | CUMULATIVE CONTRIBUTIONS TO DATE |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577 |  | 352.25                                    |                             | <input checked="" type="checkbox"/> PAID<br>352.25 | 0.00  |                           | 352.25                      | CALENDAR YEAR<br>-6,850          |
|  |  |   |                             | <input type="checkbox"/> FORGIVEN                  |   |                           |                             | PER ELECTION **                  |
| Contributor Code: IND  |  |   |                             |  | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>01/01/2017 |                                  |

|                     |             |               |             |              |  |
|---------------------|-------------|---------------|-------------|--------------|--|
| <b>SUBTOTALS \$</b> | (b)<br>0.00 | (c)<br>352.25 | (d)<br>0.00 | (e.)<br>0.00 |  |
|---------------------|-------------|---------------|-------------|--------------|--|

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2017 |                                |
| through                 | 12/31/2017 | Page 9 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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) |
|------------|---|---|---------------------------|--------------------|---|------------------------------------|
| 10/07/2017 | Rob Bonta<br>State Assembly Person<br>State District Office<br>District 18                          | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 75.00              | 325.00  | 325.00 (C)                         |
|            |   | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE   |                           |                    |   |                                    |
| 10/06/2017 | Gavin Newsom<br>Governor<br>Statewide Office  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 100.00             | 100.00  | 100.00 (P18)                       |
|            |   | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE   |                           |                    |   |                                    |

**SUBTOTAL \$ 175.00**

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. ) ..... \$ 175.00
- 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 \$** 175.00

**Schedule E  
Payments Made**

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 10 of 10              |
| I.D. NUMBER<br>1380984   |                            |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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   | CODE or DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|--------------------------------|-----------------|
| Community Impact Lab<br>101 Estudillo Av<br>San Leandro, CA 94577   | CVC                            | 250.00          |
| Kenneth Pon CPA<br>151 Callan Av 306<br>San Leandro, CA 94577   | PRO                            | 1,630.05        |
| Newsom for California - Governor 2018<br>465 California St 425<br>San Francisco, CA 94104<br>ID No: 1375287 | CTB                            | 100.00          |
| <b>SUBTOTAL \$</b>  |                                | <b>1,980.05</b> |

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 1,980.05              |
| 2. Unitemized payments made this period of under \$100  | \$ 125.00                |
| 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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 2,105.05</b> |



**Recipient Committee  
Campaign Statement  
Cover Page**

|   |                                       |
|---|---------------------------------------|
| CITY OF SAN LEANDRO<br>Date Stamp<br>AUG 07 2017<br>CITY CLERK'S OFFICE | CALIFORNIA<br>FORM <b>460</b>         |
|   | Page 1 of 10<br>For Official Use Only |

|  |   |
|--|---|
| Statement covers period<br>from 01/01/2017<br>through 06/30/2017 | Date of Election if applicable<br>_____<br>(Month, Day, Year) |
|--|---|

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1380984

COMMITTEE NAME  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO PO BOX)  
1319 Washington Ave 223

|                     |             |                   |                                 |
|---------------------|-------------|-------------------|---------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>510/414-2438 |
|---------------------|-------------|-------------------|---------------------------------|

MAILING ADDRESS (IF DIFFERENT)

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

OPTIONAL: FAX / E-MAIL ADDRESS  
/ kponcpa@sprynet.com

**Treasurer(s)**

NAME OF TREASURER  
Kenneth Pon CPA

STREET ADDRESS  
1319 Washington Ave 223

|                     |             |                   |                                 |
|---------------------|-------------|-------------------|---------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>510/414-2438 |
|---------------------|-------------|-------------------|---------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS  
( ) - / kponcpa@sprynet.com

**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 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 7.29.17 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7.29.17 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

CITY OF SAN LEANDRO  
CITY CLERK'S OFFICE  
JUN 29 2017

Statement covers period  
from 01/01/2017  
through 06/30/2017

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member - District 2 City of San Leandro

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
1319 Washington Ave 223 San Leandro CA 94577

**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                          | I.D. NUMBER  |
|---|--|
| NAME OF TREASURER                       | CONTROLLED COMMITTEE ?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE STREET ADDRESS ( NO P.O. BOX) |  |
| CITY STATE ZIP CODE AREA CODE/PHONE     |  |
| COMMITTEE NAME                          | I.D. NUMBER  |
| NAME OF TREASURER                       | CONTROLLED COMMITTEE ?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE 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 |
|---|--------------|----------------------------------|---------------------------------|
| Identify the controlling officeholder, candidate, or state measure proponent, if any. |              |                                  |                                 |
| NAME OF OFFICEHOLDER OR 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 |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

**Campaign Disclosure Statement  
Summary Page**

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2017 |                                |
| through                 | 06/30/2017 | Page 3 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| <b>Contributions Received</b>                         |  |  |
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 1,680.00  | \$ 1,680.00                                |
| 2. Loans Received ..... Schedule B, Line 3            | 352.25   | 7,202.25                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2    | \$ 2,032.25  | \$ 8,882.25                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 2,032.25  | \$ 8,882.25                                |

**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      | \$ _____         | \$ _____    |

|   |             |             |
|---|-------------|-------------|
| <b>Expenditures Made</b>                                    |             |             |
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 1,327.82 | \$ 1,327.82 |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 1,327.82 | \$ 1,327.82 |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00        | 0.00        |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 1,327.82 | \$ 1,327.82 |

**Expenditure Limit Summary  
for State Candidates**

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

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

|   |             |
|---|-------------|
| <b>Current Cash Statement</b>   |             |
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16       | \$ 2,174.92 |
| 13. Cash Receipts ..... Column A, Line 3 above                        | 2,032.25    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4          | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                        | 1,327.82    |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2,879.35 |
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2                 | \$ 0.00     |

|  |             |
|--|-------------|
| <b>Cash Equivalents and Outstanding Debts</b>                      |             |
| 18. Cash Equivalents   | \$ 0.00     |
| 19. Outstanding Debts ..... Add Lines 2 + Line 9 in Column B above | \$ 7,202.25 |

**Schedule A  
Monetary Contributions Received**

SCHEDULE A

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2017 |                                |
| through                 | 06/30/2017 | Page 4 of 10                   |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| 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 | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|------------------|--|-----------------|---|------------------------------------|
| 01/05/2017    | Tom Baker<br>1548 137th Av<br>San Leandro, CA 94578  | IND              | Healthcare VP<br><br>Falck Northern CA   | 200.00          | 200.00  |                                    |
| 02/26/2017    | Ballew for Council 2016<br>2777 Alvarado St 16<br>San Leandro, CA 94577                      | COM              | ID No. 1380105   | 100.00          | 100.00  |                                    |
| 01/05/2017    | Katherine Frates<br>2062 Evergreen Av<br>San Leandro, CA 94577                               | IND              | None<br><br>None   | 200.00          | 200.00  |                                    |
| 01/01/2017    | Gilbert Murillo<br>1764 Sanger Peak Way<br>Antioch, CA 94531                                 | IND              | Manager<br><br>Robert Half International   | 100.00          | 100.00  |                                    |

**SUBTOTAL \$** 600.00

**Schedule A Summary**

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Amount received this period - itemized contributions<br>(Includes all Schedule A subtotals) .....                                    | \$              | 1,600.00        |
| 2. Amount received this period - unitemized .....   | \$              | 80.00           |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) ..... | <b>TOTAL \$</b> | <u>1,680.00</u> |

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period  
from 01/01/2017  
through 06/30/2017

**CALIFORNIA FORM 460**

Page 5 of 10

I.D. NUMBER  
1380984

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|------------------|---|-----------------|--|---------------------------------------|
| 05/22/2017    | San Leandro Chamber of Commerce PAC<br><br>120 Estudillo Av<br>San Leandro, CA 94577            | COM              | ID No. 1342837  | 1,000.00        | 1,000.00   |                                       |

**SUBTOTAL \$** 1,000.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period                                      |            | <b>CALIFORNIA FORM 460</b> |
| from   | 01/01/2017 |                            |
| through  | 06/30/2017 | Page 6 of 10               |
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 |            | I.D. NUMBER<br>1380984     |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER  | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD                         | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 1,500.00   |                                    | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | 1500.00  | 0.00                             | 1,500.00                       | CALENDAR YEAR<br>352<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>11/02/2015    |   |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 350.00   |                                    | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | 350.00   | 0.00                             | 350.00                         | CALENDAR YEAR<br>352<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>11/13/2015    |   |
| Ed Hernandez<br>1319 Washington Ave 223<br>San Leandro, CA 94577<br>Contributor Code: IND |  | 5,000.00   |                                    | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | 5000.00  | 0.00                             | 5,000.00                       | CALENDAR YEAR<br>352<br>PER ELECTION ** |
|   |  |  |                                    |  | DUE DATE<br>12/31/2017                             | INTEREST RATE<br>0.00 %          | DATE INCURRED<br>12/20/2016    |   |

|                     |             |             |                 |             |  |
|---------------------|-------------|-------------|-----------------|-------------|--|
| <b>SUBTOTALS \$</b> | (b)<br>0.00 | (c)<br>0.00 | (d)<br>6,850.00 | (e)<br>0.00 |  |
|---------------------|-------------|-------------|-----------------|-------------|--|

**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 352.25
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 352.25  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule B - Part 1 (Continued)**  
**Loans Received**

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2017 |                            |
| through                 | 06/30/2017 | Page 7 of 10               |

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER  
1380984

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER  | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (a)                                       | (b)                         | (c)  | (d)   | (e)                       | (f)                         | (g)   |
|---|--|---|-----------------------------|--|---|---------------------------|-----------------------------|---|
|   |  | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD                                    | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN     | CUMULATIVE CONTRIBUTIONS TO DATE            |
| Ed Hernandez<br><br>1319 Washington Ave 223<br>San Leandro, CA 94577<br><br>Contributor Code: IND |  |   | 352.25                      | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN | 352.25                                      |                           | 352.25                      | CALENDAR YEAR<br>352<br><br>PER ELECTION ** |
|   |  |   |                             |  | DUE DATE<br>12/31/2017                      | INTEREST RATE<br>0.00 %   | DATE INCURRED<br>01/01/2017 |   |

|                     |        |      |        |      |  |
|---------------------|--------|------|--------|------|--|
|                     | (b)    | (c)  | (d)    | (e)  |  |
| <b>SUBTOTALS \$</b> | 352.25 | 0.00 | 352.25 | 0.00 |  |

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

SCHEDULE D

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                                      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 01/01/2017 |                                |
| through  | 06/30/2017 | Page 8 of 10                   |
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 |            | I.D. NUMBER<br>1380984         |

| 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) |
|---|---|---|---------------------------|--------------------|---|------------------------------------|
| 06/02/2017  | Rob Bonta<br>State Assembly Person<br>State District Office<br>District 18                          | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Non-Monetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 250.00             | 250.00  | 250.00 (P18)                       |
| <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |   |   |                           |                    |   |                                    |

**SUBTOTAL \$ 250.00**

**Schedule D Summary**

- |  |               |
|--|---------------|
| 1. Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. ) .....                           | \$ 250.00     |
| 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.) . <b>TOTAL \$</b> | <b>250.00</b> |



**Schedule E  
Payments Made**

|  |            |                            |                        |
|--|------------|----------------------------|------------------------|
| Statement covers period                                      |            | <b>CALIFORNIA<br/>FORM</b> | <b>460</b>             |
| from   | 01/01/2017 |                            |                        |
| through  | 06/30/2017 | Page                       | 9 of 10                |
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 |            |                            | I.D. NUMBER<br>1380984 |

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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   | CODE or | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
|---|---------|------------------------|---------------|
| Rob Bonta for State Assembly 2018<br><br>1005 12th St H<br>Sacramento, CA 95814<br>ID No: 1392389 | CTB     |                        | 250.00        |
| Davis Street Family Resource Center<br><br>3081 Teagarden St<br>San Leandro, CA 94577             | CVC     |                        | 250.00        |
| NationBuilder<br><br>520 S Grand Av 200<br>Los Angeles, CA 90071                                  | WEB     |                        | 226.20        |
| <b>SUBTOTAL \$</b>  |         |                        | <b>726.20</b> |

**Schedule E Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ 1,201.77              |
| 2. Unitemized payments made this period of under \$100  | \$ 126.05                |
| 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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 1,327.82</b> |

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

SCHEDULE E

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                                      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 01/01/2017 |                                |
| through  | 06/30/2017 | Page 10 of 10                  |
| NAME OF FILER Ed Hernandez for San Leandro City Council 2016 |            | I.D. NUMBER<br>1380984         |

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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   | CODE or | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| NationBuilder<br>520 S Grand Av 200<br>Los Angeles, CA 90071                  | WEB     |                        | 225.57      |
| San Leandro Education Foundation<br>14735 Juniper St<br>San Leandro, CA 94579 | CVC     |                        | 250.00      |

**SUBTOTAL \$ 475.57**

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |   |
|---|---|
| Date Stamp<br><b>CITY OF SAN LEANDRO</b><br><br>JUL 31 2017<br><br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA</b><br>2001/02<br><b>FORM 460</b> |
|   | 1 / 9   |
|   | For Official Use Only                           |

|  |  |
|--|--|
| Statement covers period<br>from <u>01/01/2017</u><br><br>through <u>06/30/2017</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

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

## 2. Type of Statement:

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

## 3. Committee Information

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
1319 Washington Ave 223

|                     |             |                   |                                 |
|---------------------|-------------|-------------------|---------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>510/414-2438 |
|---------------------|-------------|-------------------|---------------------------------|

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
( ) - kponcpa@sprynet.com

## Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
1319 Washington Ave 223

|                     |             |                   |                                   |
|---------------------|-------------|-------------------|-----------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>(510) 414-2438 |
|---------------------|-------------|-------------------|-----------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS  
( ) - kponcpa@sprynet.com

## 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 07/29/2017 By Kenneth Pon CPA  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/29/2017 By Ed Hernandez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

|                            |
|----------------------------|
| CALIFORNIA FORM <b>460</b> |
| 2 / 9                      |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City City of San Leandro 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1319 Washington Ave 223 San Leandro CA 94577

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 to make expenditures on behalf of your candidacy.

|                   |   |
|-------------------|---|
| 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  |
| 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

|                      |              |  |
|----------------------|--------------|--|
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" 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 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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 3 / 9                          |
|  | I.D. NUMBER<br>1380984         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

## 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 | \$ 1680.00   | \$ 1680.00                                 |
| 2. Loans Received .....              | Schedule B, Line 7 | 352.25   | 7202.25                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 2032.25   | \$ 8882.25                                 |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | \$ 2032.25   | \$ 8882.25                                 |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      | Column A   | Column B   |
|--|----------------------|------------|------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 1327.82 | \$ 1327.82 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00       | 0.00       |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 1327.82 | \$ 1327.82 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00       | 0.00       |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00       | 0.00       |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 1327.82 | \$ 1327.82 |

## 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                | \$ 2174.92 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 2032.25    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 1327.82    |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2879.35 |

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 7202.25 |

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from _____                           | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____   |                                |
| 4 / 9   |                                |
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 |                                |
| I.D. Number<br>1380984  |                                |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 01/05/2017 | Tom Baker<br>1548 137th Av<br><br>San Leandro CA 94578<br>ID:                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Healthcare VP<br><br>Falck Northern CA   | 200.00                      | 200.00  |                                    |
| Rcpt Dt: 02/26/2017 | Ballew for Council 2016<br>2777 Alvarado St 16<br><br>San Leandro CA 94577<br>ID: 1380105          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 01/05/2017 | Katherine Frates<br>2062 Evergreen Av<br><br>San Leandro CA 94577<br>ID:                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 200.00                      | 200.00  |                                    |
| Rcpt Dt: 01/01/2017 | Gilbert Murillo<br>1764 Sanger Peak Way<br><br>Antioch CA 94531<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br><br>Robert Half Internationa-   | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 05/22/2017 | San Leandro Chamber of Commerce PAC<br>120 Estudillo Av<br><br>San Leandro CA 94577<br>ID: 1342837 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   |                                    |
| <b>SUBTOTAL \$</b>  |  |   |  | <b>1600.00</b>              |   |                                    |

**Schedule A Summary**

|   |                         |
|---|-------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$ 1600.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$ 80.00                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ 1680.00</b> |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |   |
|--|---|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>5 / 9 |
| I.D. NUMBER<br><br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE   |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Ed Hernandez<br>1319 Washington Ave 223<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 1500.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1500.00<br><br>12/31/2017<br>DATE DUE           | 0.00 %<br><br>\$ 0.00<br>RATE    | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>352.25<br>PER ELECTION** |
| Ed Hernandez<br>1319 Washington Ave 223<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 350.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 350.00<br><br>12/31/2017<br>DATE DUE            | 0.00 %<br><br>\$ 0.00<br>RATE    | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>352.25<br>PER ELECTION** |
| Ed Hernandez<br>1319 Washington Ave 223<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 5000.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 5000.00<br><br>12/31/2017<br>DATE DUE           | 0.00 %<br><br>\$ 0.00<br>RATE    | \$ 5000.00<br><br>12/20/2016<br>DATE INCURRED | CALENDAR YEAR<br>352.25<br>PER ELECTION** |
| <b>SUBTOTALS</b>  |   | \$   | \$                                 | \$   | \$   |                                  |   |   |

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 352.25  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$ 352.25**  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 6 / 9                      |
|  | I.D. NUMBER<br><br>1380984 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN               | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE      |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Ed Hernandez<br>1319 Washington Ave 223<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 0.00  | \$ 352.25                          | <input type="checkbox"/> PAID<br>\$ 0.00<br><br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 352.25<br><br>12/31/2017<br>DATE DUE            | 0.00 %<br>RATE<br><br>\$ 0.00    | \$ 352.25<br><br>01/01/2017<br>DATE INCURRED | CALENDAR YEAR<br>\$ 352.25<br>PER ELECTION** |

**SUBTOTALS** \$ 352.25 \$ 0.00 \$ 7202.25 \$ 0.00

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_ \$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee



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

SCHEDULE D

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

|  |               |                               |
|--|---------------|-------------------------------|
| Statement covers period                        |               | CALIFORNIA<br>FORM <b>460</b> |
| from _____                                     | through _____ |                               |
|  |               | 7 / 9                         |
| NAME OF FILER                                  |               | I.D. NUMBER                   |
| Ed Hernandez for San Leandro City Council 2016 |               | 1380984                       |

SEE INSTRUCTIONS ON REVERSE

| DATE       | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION, OR COMMITTEE                | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMMULATIVE TO DATE<br>CALENDAR YEAR<br>JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 06/02/2017 | Rob Bonta<br>State Assembly Person<br>Assembly District<br><br>District No: 18 | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | 250.00                | 250.00   | 250.00 P 18                              |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    |  |                              |                       |  |  |

**SUBTOTAL \$ 250.00**

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 250.00
- 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 \$ 250.00**

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 8 / 9                          |
|  | I.D. NUMBER<br>1380984         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)           | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Rob Bonta for State Assembly 2018<br>1005 12th St H<br>Sacramento CA 95814<br>ID: 1392389 | CTB     |                        | 250.00      |
| Davis Street Family Resource Center<br>3081 Teagarden St<br>San Leandro CA 94577<br>ID:   | CVC     |                        | 250.00      |
| NationBuilder<br>520 S Grand Av 200<br>Los Angeles CA 90071<br>ID:                        | WEB     |                        | 226.20      |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                 |                |
|--|-----------------|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$              | 1201.77        |
| 2. Unitemized payments made this period of under \$100.  | \$              | 126.05         |
| 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>1327.82</b> |

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                               |
|---------------------------------------|-------------------------------|
| Statement covers period<br>from _____ | CALIFORNIA<br>FORM <b>460</b> |
| through _____                         |                               |
| 9 / 9                                 |                               |
| I.D. NUMBER                           |                               |
| 1380984                               |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| NationBuilder<br>520 S Grand Av 200<br>Los Angeles CA 90071                     | ID: WEB |                        | 225.57      |
| San Leandro Education Foundation<br>14735 Juniper St<br>San Leandro CA 94579    | ID: CVC |                        | 250.00      |

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

**SUBTOTAL \$ 1201.77**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |  |
|---|--|
| CITY OF SAN LEANDRO<br>JAN 31 2017<br>CITY CLERK'S OFFICE | CALIFORNIA<br>2001/02<br>FORM <b>460</b> |
|   | 1 / 14<br>For Official Use Only          |

|  |   |
|--|---|
| Statement covers period<br>from <u>10/23/2016</u><br>through <u>12/31/2016</u> | Date of election if applicable:<br>(Month, Day, Year) |
|--|---|

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

## 2. Type of Statement:

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

## 3. Committee Information

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
151 Callan Ave 306

|                     |             |                   |                                 |
|---------------------|-------------|-------------------|---------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>510/895-2011 |
|---------------------|-------------|-------------------|---------------------------------|

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

## Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Ave 306

|                     |             |                   |                                   |
|---------------------|-------------|-------------------|-----------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>(510) 895-2011 |
|---------------------|-------------|-------------------|-----------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

## 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 01/31/2017 By Kenneth Pon CPA  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2017 By Ed Hernandez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460 2/14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: City Council Member City City of San Leandro 2
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 151 Callan Ave 306 San Leandro CA 94577

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 to make expenditures on behalf of your candidacy.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS (NO P.O. BOX), CITY, STATE, ZIP CODE, AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION [X] SUPPORT [ ] 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 Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, [ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 3 / 14                                |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

## 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 | \$ 10269.00  | \$ 30374.00                                |
| 2. Loans Received .....              | Schedule B, Line 7 | 5000.00  | 6850.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 15269.00  | \$ 37224.00                                |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 3316.10                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | \$ 15269.00  | \$ 40540.10                                |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      |             |             |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 15828.14 | \$ 40149.08 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 15828.14 | \$ 40149.08 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00        | 0.00        |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00        | 3316.10     |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 15828.14 | \$ 43465.18 |

## 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                | \$ 2734.06 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 15269.00   |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 15828.14   |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2174.92 |

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 6850.00 |

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>4 / 14 |
|--|--------------------------------------|

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 | I.D. Number<br>1380984 |
|---|------------------------|

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 11/03/2016 | Diego Barragan<br>1044 S 9th St<br><br>San Jose CA 95112<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br><br>Diego Barragan Consulta-<br>nt   | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 11/30/2016 | Bay Area Citizens PAC<br>6363 Christie Ave 2616<br><br>Emeryville CA 94608<br>ID: 1346828                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 12/16/2016 | Rob Bonta for Assembly 2016<br>1787 Tribute Rd K<br><br>Sacramento CA 95815<br>ID: 1373426                                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 11/17/2016 | Sandra Bugna<br>9955 Windsor Way<br><br>San Ramon CA 94583<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 200.00                      | 200.00  |                                    |
| Rcpt Dt: 10/25/2016 | CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC)<br>525 S. VIRGIL AVENUE<br><br>LOS ANGELES CA 90020<br>ID: 890106 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 600.00                      | 600.00  |                                    |

**SUBTOTAL \$**

## Schedule A Summary

|   |                 |          |
|---|-----------------|----------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$              | 9825.00  |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$              | 444.00   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 10269.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 5 / 14                                |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>11/08/2016 | Maurice Chatman<br>133 Thousand Oaks St<br>Oakland CA 94605<br>ID:                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professional Photographer<br>Maurice Chapman Photography                                   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>11/04/2016 | John Chovanes<br>2086 Hillside Dr<br>San Leandro CA 94577<br>ID:                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor/Property Manager<br>Robert Jones & Associates                                      | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>10/30/2016 | Creekside Associates LLC<br>1221 Bridgeway 1<br>Sausalito CA 94965<br>ID:                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 3500.00   |                                    |
| Rcpt Dt:<br>11/08/2016 | eConsignment<br>323 Steven Cir<br>Benicia CA 94510<br>ID:                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 500.00  |                                    |
| Rcpt Dt:<br>10/30/2016 | Gerald Garcia<br>16171 Lyle St<br>San Leandro CA 94578<br>ID:                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance Agent<br>State Farm Insurance  | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>6 / 14 |
| I.D. Number<br>1380984                                 |                                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 12/21/2016 | John Gooding<br>6363 Christie St<br>Emeryville CA 94662<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Milo Group   | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 10/27/2016 | David Greenberg<br>3186 East Av<br>Hayward CA 94541<br>ID:                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RN<br>Lifelong Medical   | 100.00                      | 350.00  |                                    |
| Rcpt Dt: 12/28/2016 | Int'l Assn of Firefighters Local 55 PAC<br>369 15th St<br>Oakland CA 94612<br>ID: 1320251     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 11/03/2016 | Martin Kaufman<br>320 Lee St 1101<br>Oakland CA 94610<br>ID:                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br>Core Security Solutions Inc   | 750.00                      | 750.00  |                                    |
| Rcpt Dt: 10/25/2016 | Charles E. Knapp<br>888 San Clemente Dr Ste 100<br>Newport Beach CA 92660<br>ID:              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal<br>Integral Communities  | 500.00                      | 500.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |
|--|--|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>7 / 14 |
| I.D. Number<br><b>1380984</b>                          |  |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 | I.D. Number<br>1380984 |
|---|------------------------|

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 11/08/2016 | Christopher Langsdale<br>14333 Cypress St<br>San Leandro CA 94579<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Environmental Specialist<br><br>Cummins Pacific LLC  | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 10/25/2016 | Craig Manchester<br>888 San Clemente Dr Ste 100<br>Newport Beach CA 92660<br>ID:              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Managing Partner<br><br>Intetral Communities   | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 11/04/2016 | Art May<br>844 Northvale Rd<br>Oakland CA 94610<br>ID:  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal/Developer<br><br>Keystone Development Group                                      | 75.00                       | 275.00  |                                    |
| Rcpt Dt: 11/17/2016 | Jennifer Nguyen<br>1919 Webster St<br>Alameda CA 94501<br>ID:                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Restaurateur<br><br>Pho Anh Dao  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 11/17/2016 | Maurice Quiroz<br>834 Fulton Av<br>San Leandro CA 94577<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Fenwick & West   | 200.00                      | 200.00  |                                    |
| <b>SUBTOTAL \$</b>  |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 8 / 14                                |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 | I.D. Number<br>1380984 |
|---|------------------------|

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 12/16/2016 | Rental Housing Owners Assoc of So Alameda County<br>980 9TH ST STE 1430<br><br>SACRAMENTO CA 95814<br>ID: 745208 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 1000.00   |                                    |
| Rcpt Dt: 12/05/2016 | San Leandro Police Officers' Association PAC<br>901 E 14th St<br><br>San Leandro CA 94577<br>ID: 1332467         | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 10/25/2016 | John Stanek<br>888 San Clemente Dr Ste 100<br><br>Newport Beach CA 92660<br>ID:                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal<br><br>Integral Communities  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 10/27/2016 | Stacey Tingstrom<br>1111 MacArthur Bl<br><br>San Leandro CA 94577<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br><br>Cordial Bottle Shop  | 50.00                       | 150.00  |                                    |
| Rcpt Dt: 11/17/2016 | Stacey Tingstrom<br>1111 MacArthur Bl<br><br>San Leandro CA 94577<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br><br>Cordial Bottle Shop  | 100.00                      | 150.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>9 / 14 |
| I.D. Number<br>1380984                                 |                                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>10/27/2016 | Lance Waite<br>2235 Encinitas Blvd 216<br>Encinitas CA 92024<br>ID:                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal<br><br>Integral Communities  | 500.00                      | 500.00  |                                    |

**SUBTOTAL \$ 9825.00**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 10 / 14                        |
|  | I.D. NUMBER<br><br>1380984     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE       |
|--|--|--|------------------------------------|--|--|----------------------------------|---|---|
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 1500.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1500.00   | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>\$ 5000.00<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 350.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 350.00  | 0.00 %<br>RATE<br>\$ 0.00        | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 5000.00<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 0.00  | \$ 5000.00                         | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 5000.00<br><br>12/31/2017<br>DATE DUE           | 0.00 %<br>RATE<br>\$ 0.00        | \$ 5000.00<br><br>12/20/2016<br>DATE INCURRED | CALENDAR YEAR<br>\$ 5000.00<br>PER ELECTION** |
| <b>SUBTOTALS</b>   |  | \$ 5000.00                                       | \$ 0.00                            | \$ 0.00  | \$ 6850.00   | \$ 0.00                          |   |   |

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 5000.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$ 5000.00**  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>11 / 14 |
|  | I.D. NUMBER<br>1380984                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | LIT  |    |                        | 4000.00     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | LIT  |    |                        | 4000.00     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CNS  |    |                        | 2500.00     |

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

**SUBTOTAL \$**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 15778.14              |
| 2. Unitemized payments made this period of under \$100.  | \$ 50.00                 |
| 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 \$ 15828.14</b> |

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>12 / 14 |
| I.D. NUMBER<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | LIT     | ID:                    | 4328.26     |
| Paypal<br>2211 N First St<br>San Jose CA 95131                                  | OFC     | ID:                    | 45.43       |
| Paypal<br>2211 N First St<br>San Jose CA 95131                                  | OFC     | ID:                    | 14.80       |

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 13 / 14                        |
|  | I.D. NUMBER<br>1380984         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 3.20        |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 25.25       |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 13.95       |

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

**SUBTOTAL \$**

## Schedule E Summary

|  |                       |
|--|-----------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ _____              |
| 2. Unitemized payments made this period of under \$100.  | \$ _____              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ _____              |
| 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> _____ |



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                            |
|---------------------------------------|----------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA FORM 460</b> |
| through _____                         |                            |
| 14 / 14                               |                            |
| I.D. NUMBER<br>1380984                |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paypal ID: _____<br>2211 N First St<br>San Jose CA 95131                        | OFC     |                        | 16.55       |
| San Leandro Times ID: _____<br>2060 Washington Av<br>San Leandro CA 94577       | PRT     |                        | 830.70      |

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

**SUBTOTAL \$ 15778.14**

## Schedule E Summary

|  |                       |
|--|-----------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ _____              |
| 2. Unitemized payments made this period of under \$100.  | \$ _____              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ _____              |
| 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> |

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |  |
|---|--|
| CITY OF SAN LEANDRO<br>OCT 27 2016<br>CITY CLERK'S OFFICE | CALIFORNIA<br>2001/02<br>FORM <b>460</b> |
|   | 1 / 11                                   |
|   | For Official Use Only                    |

|  |  |
|--|--|
| Statement covers period<br>from <u>09/25/2016</u><br>through <u>10/22/2016</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

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

### 2. Type of Statement:

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

### 3. Committee Information

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
151 Callan Ave 306

|                     |             |                   |                                 |
|---------------------|-------------|-------------------|---------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>510/895-2011 |
|---------------------|-------------|-------------------|---------------------------------|

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

### Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Ave 306

|                     |             |                   |                                   |
|---------------------|-------------|-------------------|-----------------------------------|
| CITY<br>San Leandro | STATE<br>CA | ZIP CODE<br>94577 | AREA CODE/PHONE<br>(510) 895-2011 |
|---------------------|-------------|-------------------|-----------------------------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

### 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 10/27/2016 By Kenneth Pon CPA  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/27/2016 By Ed Hernandez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee  
Campaign Statement  
Cover Page - Part 2

|                               |
|-------------------------------|
| CALIFORNIA<br>FORM <b>460</b> |
| 2 / 11                        |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City City of San Leandro 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
151 Callan Ave 306 San Leandro CA 94577

**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 to make expenditures on behalf of your candidacy.

|                   |   |
|-------------------|---|
| 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  |

|                   |   |
|-------------------|---|
| 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

|                      |              |  |
|----------------------|--------------|--|
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" 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 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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 3 / 11                                |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

## 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 | \$ 5667.00   | \$ 20105.00                                |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 1850.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 5667.00   | \$ 21955.00                                |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 3316.10                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | \$ 5667.00   | \$ 25271.10                                |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      | Column A   | Column B    |
|--|----------------------|------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 5612.05 | \$ 24320.94 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00       | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 5612.05 | \$ 24320.94 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00       | 0.00        |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00       | 3316.10     |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 5612.05 | \$ 27637.04 |

## 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                | \$ 2679.11 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 5667.00    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 5612.05    |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2734.06 |

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 1850.00 |

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from _____                           | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____   |                                |
| 4 / 11  |                                |
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 |                                |
| I.D. Number<br>1380984  |                                |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/14/2016 | Tom Baker<br>1548 137th Av<br><br>San Leandro CA 94578<br>ID:                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Healthcare VP<br><br>Falck Northern CA   | 250.00                      | 250.00  |                                    |
| Rcpt Dt: 10/14/2016 | Mark C. Butler<br>1365 Chesteron Way<br><br>Walnut Creek CA 94596<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Land Developer<br><br>Integral Communities   | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 10/22/2016 | Jeffrey S. Falero<br>1611 138th Av<br><br>San Leandro CA 94578<br>ID:                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br><br>AEPC Group LLC   | 50.00                       | 150.00  |                                    |
| Rcpt Dt: 09/28/2016 | Jeffrey S. Falero<br>1611 138th Av<br><br>San Leandro CA 94578<br>ID:                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br><br>AEPC Group LLC   | 100.00                      | 150.00  |                                    |
| Rcpt Dt: 09/28/2016 | Gail Greenberg<br>8097 Olympic Ct<br><br>Newark CA 94560<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 150.00                      | 150.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

|   |                         |
|---|-------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$ 5010.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$ 657.00               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ 5667.00</b> |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>5 / 11 |
| I.D. Number<br>1380984                                 |                                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/05/2016 | Jeniffer Hernandez<br>8171 Inspiration Dr<br>Rancho Cucamonga CA 91701<br>ID:                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Assistant Professor<br>Keck Graduate Institute   | 250.00                      | 500.00  |                                    |
| Rcpt Dt: 10/21/2016 | Jeniffer Hernandez<br>8171 Inspiration Dr<br>Rancho Cucamonga CA 91701<br>ID:                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Assistant Professor<br>Keck Graduate Institute   | 250.00                      | 500.00  |                                    |
| Rcpt Dt: 09/28/2016 | Louis Heystek<br>161 Georgia Way<br>San Leandro CA 94577<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Deputy CFO<br>Dutra Enterprises Inc  | 60.00                       | 110.00  |                                    |
| Rcpt Dt: 10/15/2016 | William W. Magor<br>1291 Linton St<br>San Leandro CA 94577<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>KP Corporation LLC  | 100.00                      | 150.00  |                                    |
| Rcpt Dt: 09/28/2016 | Christine Meginness<br>105 Scott St<br>San Francisco CA 94117<br>ID:                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Group Director<br>Delivery at Organic  | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b>  |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 6 / 11                         |
| I.D. Number<br>1380984                                 |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 09/28/2016 | Mark Mendes<br>19663 Adair Dr<br>Castro Valley CA 94546<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br><br>Creative Wood Products  | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 10/22/2016 | Ed Miller<br>11726 San Vicente Bl<br>Brentwood CA 90049<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br><br>Cal Coast Companies LLC                                       | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 10/03/2016 | Rental Housing Owners Assoc of So Alameda County<br>980 9TH ST STE 1430<br>SACRAMENTO CA 95814<br>ID: 745208 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 09/28/2016 | Fred F. Shimasaki<br>19131 Waverly Av<br>Hayward CA 94541<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 09/28/2016 | Thomas Silva<br>318 Sunset Bl<br>Hayward CA 94541<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker<br><br>Eden Realty  | 500.00                      | 500.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 7 / 11                                |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>10/21/2016 | Sunny H. Tong<br>520 S El Camino Real 700<br><br>San Mateo CA 94402<br>ID:                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGING DIRECTOR<br><br>Westlake Urban  | 1000.00                     | 2000.00   |                                    |

**SUBTOTAL \$ 5010.00**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule B - Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |  |
|--|--|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>8 / 11 |
| I.D. NUMBER<br><br>1380984                             |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD*   | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN                   | (g) CUMULATIVE CONTRIBUTIONS TO DATE       |
|--|--|---|---------------------------------|--|---|-------------------------------|---|--|
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 1500.00                                    | \$ 0.00                         | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1500.00<br><br>DATE DUE                      | 0.00 %<br>RATE<br>\$ 0.00     | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 350.00                                     | \$ 0.00                         | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 350.00<br><br>DATE DUE                       | 0.00 %<br>RATE<br>\$ 0.00     | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION** |

**SUBTOTALS** \$ 0.00 \$ 0.00 \$ 1850.00 \$ 0.00

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 9 / 11                                |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR        | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|----------------|------------------------|-------------|
| Floresta Neighborhood Association Inc<br>3701 Monterey Bl<br><br>San Leandro CA 94578 | ID:<br><br>PRT |                        | 100.00      |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br><br>Fremont CA 94539       | ID:<br><br>LIT |                        | 2077.17     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br><br>Fremont CA 94539       | ID:<br><br>CMP |                        | 2391.81     |

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

**SUBTOTAL \$**

## Schedule E Summary

|  |                         |
|--|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 5612.05              |
| 2. Unitemized payments made this period of under \$100.  | \$ 0.00                 |
| 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 \$ 5612.05</b> |

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>10 / 11 |
| I.D. NUMBER<br><br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Paypal ID:<br>2211 N First St<br><br>San Jose CA 95131                          | OFC  |    |                        | 31.51       |
| Paypal ID:<br>2211 N First St<br><br>San Jose CA 95131                          | OFC  |    |                        | 9.46        |
| Paypal ID:<br>2211 N First St<br><br>San Jose CA 95131                          | OFC  |    |                        | 38.60       |

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e.) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                               |
|---------------------------------------|-------------------------------|
| Statement covers period<br>from _____ | CALIFORNIA<br>FORM <b>460</b> |
| through _____                         |                               |
| 11 / 11                               |                               |
| I.D. NUMBER<br>1380984                |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 32.80       |
| Roosevelt School PTA ID:<br>951 Dowling Bl<br>San Leandro CA 94577              | CVC     |                        | 100.00      |
| San Leandro Times ID:<br>2060 Washington Av<br>San Leandro CA 94577             | PRT     |                        | 830.70      |

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

**SUBTOTAL \$ 5612.05**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|                     |                               |                       |
|---------------------|-------------------------------|-----------------------|
| Date Stamp          | CALIFORNIA<br>2001/02<br>FORM | <b>460</b>            |
| CITY OF SAN LEANDRO |                               | 1 / 12                |
| SEP 29 2016         |                               | For Official Use Only |
| CITY CLERK'S OFFICE |                               |                       |

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>09/24/2016</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | 510/895-2011    |

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

**Treasurer(s)**

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | (510) 895-2011  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018      kponcpa@sprynet.com

**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 09/29/2016 By Kenneth Pon CPA  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/29/2016 By Ed Hernandez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

|                 |            |
|-----------------|------------|
| CALIFORNIA FORM | <b>460</b> |
| 2 / 12          |            |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City City of San Leandro 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
151 Callan Ave 306 San Leandro CA 94577

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 to make expenditures on behalf of your candidacy.

|                   |   |
|-------------------|---|
| 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  |

|                   |   |
|-------------------|---|
| 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

|                      |              |  |
|----------------------|--------------|--|
| BALLOT NO. OR LETTER | JURISDICTION | <input checked="" 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 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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |  |
|--|--|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b><br><br>3 / 12 |
|  | I.D. NUMBER<br><br>1380984                   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

## 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 | \$ 4065.00   | \$ 14438.00                                |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 1850.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 4065.00   | \$ 16288.00                                |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 3316.10                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 4065.00  | \$ 19604.10                                |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      |             |             |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 12949.59 | \$ 18708.89 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 12949.59 | \$ 18708.89 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | -1503.30    | 0.00        |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 0.00        | 3316.10     |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 11446.29 | \$ 22024.99 |

## 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                | \$ 11563.70 |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 4065.00     |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 12949.59    |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 2679.11  |

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).

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 1850.00 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>4 / 12 |
| I.D. Number<br>1380984                                 |                                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 09/20/2016 | Anthony A. Batarse Jr<br>10550 International Bl<br>Oakland CA 94603<br>ID:                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br>Lloyd A Wise Co   | 1000.00                     | 2000.00   |                                    |
| Rcpt Dt: 09/06/2016 | Randall Beisler<br>75 Milland Dr<br>Mill Valley CA 94941<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <del>ASK</del> BROKER<br><del>ASK</del> RLB COMM'L P/E                                     | 200.00                      | 200.00  |                                    |
| Rcpt Dt: 09/06/2016 | Arthur Britto<br>1548 Daily Dr<br>San Leandro CA 94577<br>ID:                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jeweler<br>Mandy's   | 250.00                      | 250.00  |                                    |
| Rcpt Dt: 08/25/2016 | Creekside Associates LLC<br>1221 Bridgeway 1<br>Sausalito CA 94965<br>ID:                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 2500.00   |                                    |
| Rcpt Dt: 07/08/2016 | Creekside Associates LLC<br>1221 Bridgeway 1<br>Sausalito CA 94965<br>ID:                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 2500.00   |                                    |
| <b>SUBTOTAL \$</b>  |   |   |  |                             |   |                                    |

## Schedule A Summary

|   |                         |
|---|-------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$ 4000.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$ 65.00                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ 4065.00</b> |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 5 / 12                                |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>08/04/2016 | Divine Homecare<br>400 Estudillo Ave 100<br><br>San Leandro CA 94577<br>ID:                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  |                                    |
| Rcpt Dt:<br>09/06/2016 | Salwa Ibrahim<br>1851 Melvin Rd<br><br>Oakland CA 94602<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | <del>LINK</del> SR UP<br><br><del>LINK</del> TERRA TECH                                    | 500.00                      | 500.00  |                                    |
| Rcpt Dt:<br>09/06/2016 | Mark McDonald<br>1883 Ardmore Rd NW<br><br>Atlanta GA 30309<br>ID:                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of Sales<br><br>CoStar Group  | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>07/01/2016 | Robert W. Toone<br>218 Los Cerros Av<br><br>Walnut Creek CA 94598<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consulting<br><br>Toone & Associates   | 200.00                      | 400.00  |                                    |

|                    |         |
|--------------------|---------|
| <b>SUBTOTAL \$</b> | 4000.00 |
|--------------------|---------|

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |  |
|--|--|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>6 / 12 |
| I.D. NUMBER<br><br>1380984                                 |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE    |
|--|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 1500.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1500.00   | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ 350.00  | \$ 0.00                            | <input type="checkbox"/> PAID \$ 0.00<br><input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 350.00  | 0.00 %<br>RATE<br>\$ 0.00        | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION** |

**SUBTOTALS** \$ 0.00 \$ 0.00 \$ 1850.00 \$ 0.00

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_ \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 7 / 12                                |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Asian Community Cultural Assn of SL<br>15127 Inverness St<br><br>San Leandro CA 94579   | CVC  |    |                        | 100.00      |
| CALIFORNIA LATINO VOTERS GUIDE<br>930 Colorado Blvd. Bldg 2<br><br>Los Angeles CA 90041 | LIT  |    |                        | 475.00      |
| City of San Leandro<br>835 E 14th St<br><br>San Leandro CA 94577                        | FIL  |    |                        | 900.00      |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 12732.70              |
| 2. Unitemized payments made this period of under \$100.  | \$ 216.89                |
| 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 \$ 12949.59</b> |

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 8 / 12                                |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| COPS Voter Guide Inc<br>705-2 E Bidwell Street #370<br>Folsom CA 95630          | LIT     | ID:                    | 1000.00     |
| Drakes Brewing Company<br>1933 Davis St<br>San Leandro CA 94577                 | FND     | ID:                    | 1412.50     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CMP     | ID:                    | 678.36      |

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

**SUBTOTAL \$**

## Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                               |
|---------------------------------------|-------------------------------|
| Statement covers period<br>from _____ | CALIFORNIA<br>FORM <b>460</b> |
| through _____                         |                               |
| I.D. NUMBER<br>1380984                |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR  | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-----|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | OFC  | ID: |                        | 617.00      |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CNS  | ID: |                        | 1500.00     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | OFC  | ID: |                        | 2700.00     |

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 10 / 12                               |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR  | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-----|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CNS  | ID: |                        | 1500.00     |
| Joseph Alan Productions<br>398 Herma Ct<br>San Leandro CA 94577                 | LIT  | ID: |                        | 250.00      |
| Kenneth Pon CPA<br>151 Callan Av 306<br>San Leandro CA 94577                    | OFC  | ID: |                        | 39.88       |

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                            |
|---------------------------------------|----------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA FORM 460</b> |
| through _____                         |                            |
| 11 / 12                               |                            |
| I.D. NUMBER<br>1380984                |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|------|----|------------------------|-----------------|
| Kenneth Pon CPA<br>151 Callan Av 306<br>San Leandro CA 94577                    | PRO  |    |                        | 1184.96         |
| San Leandro Education Foundation<br>14735 Juniper St<br>San Leandro CA 94579    | CVC  |    |                        | 250.00          |
| Washington Home Owners Association<br>PO Box 4291<br>San Leandro CA 94579       | PRT  |    |                        | 125.00          |
| <b>SUBTOTAL \$</b>  |      |    |                        | <b>12732.70</b> |

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

## Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 12 / 12                               |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT            | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--|---|---------------------------------------|---|--|
| ID:<br>Drakes Brewing Company<br>1933 Davis St<br><br>San Leandro CA 94577      | See Schedule E for codes<br>or descriptions. | 1412.50   | 0.00                                  | 1412.50   | 0.00   |

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

**SUBTOTALS \$ 1412.50 \$ 0.00 \$ 1412.50 \$ 0.00**

**Schedule F Summary**

- |   |  |
|---|--|
| 1. 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.)                     | <b>INCURRED TOTALS \$ 0.00</b>                                     |
| 2. 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.) | <b>PAID TOTALS \$ 1503.30</b>                                      |
| 3. Net change this period. <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$ -1503.30</b><br><small>May be a negative number.</small> |



# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

|   |   |
|---|---|
| Date Stamp<br><b>CITY OF SAN LEANDRO</b><br>AUG 01 2016<br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA</b><br>2001/02<br><b>FORM 460</b> |
|   | 1 / 22  |
|   | For Official Use Only                           |

Statement covers period  
from 01/01/2016  
through 06/30/2016

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

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

### 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

### 3. Committee Information

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | 510/895-2011    |

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018

kponcpa@sprynet.com

### Treasurer(s)

NAME OF TREASURER  
CA Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | (510) 895-2011  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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 07/28/2016 By Kenneth Pon CPA  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/28/2016 By Ed Hernandez  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page - Part 2

|                                      |
|--------------------------------------|
| <b>CALIFORNIA</b><br><b>FORM 460</b> |
| 2 / 22                               |

## 5. Officeholder or Candidate Controlled Committee

|   |             |       |       |
|---|-------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>Ed Hernandez   |             |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)<br>Sought: City Council Member<br>City <u>City of San Leandro</u> <u>2</u> |             |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   | CITY        | STATE | ZIP   |
| 151 Callan Ave 306  | San Leandro | CA    | 94577 |

**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 to make expenditures on behalf of your candidacy.

|                   |   |
|-------------------|---|
| 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  |

|                   |   |
|-------------------|---|
| 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. Ballot Measure Committee

|  |                     |  |
|--|---------------------|--|
| NAME OF BALLOT MEASURE   |                     |  |
| BALLOT NO. OR LETTER   | JURISDICTION        | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| <b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b> |                     |  |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  |                     |  |
| OFFICE SOUGHT OR HELD  | DISTRICT NO. IF ANY |  |

## 7. Primarily Formed 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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>3 / 22 |
|  | I.D. NUMBER<br>1380984               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

## 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 | \$ 10373.00  | \$ 10373.00                                |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 1850.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 10373.00  | \$ 12223.00                                |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 3316.10  | 3316.10                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 13689.10   | \$ 15539.10                                |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

## Expenditures Made

|  |                      | Column A    | Column B    |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 5759.30  | \$ 5759.30  |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 5759.30  | \$ 5759.30  |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 1503.30     | 1503.30     |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 3316.10     | 3316.10     |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 10578.70 | \$ 10578.70 |

## 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                | \$ 6950.00  |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 10373.00    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 5759.30     |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 11563.70 |

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).

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

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 3353.30 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                      |
|--|--------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>4 / 22 |
| I.D. Number<br>1380984                                 |                                      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>02/15/2016 | David Akbaryar<br>395 W El Camino Real<br>Sunnyvale, CA 94087<br>ID:                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Home Loan Officer<br><br>Citi Bank   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>06/29/2016 | Rafael G. Arroyo<br>1229 Sandelin Av<br>San Leandro CA 94577<br>ID:                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dir Digital Marketing & Creative Svc<br><br>Model N  | 50.00                       | 1550.00   |                                    |
| Rcpt Dt:<br>02/15/2016 | Atlas Diamond Co Inc<br>210 Post St 415<br>San Francisco CA 94108<br>ID:                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>06/30/2016 | Anthony A. Batarese Jr<br>10550 International Bl<br>Oakland CA 94603<br>ID:                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br><br>Lloyd A Wise Co   | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt:<br>03/05/2016 | Robert Caruso<br>772 Cary Dr<br>San Leandro CA 94577<br>ID:                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br><br>John Benjamin Company   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b>     |   |   |  |                             |   |                                    |

**Schedule A Summary**

|   |                 |          |
|---|-----------------|----------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$              | 8450.00  |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$              | 1923.00  |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 10373.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 5 / 22                                |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 02/18/2016 | Judy Chu<br>77 - 8th St 201<br><br>Oakland CA 94607<br>ID:                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Broker<br><br>Golden Land Investments  | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 02/16/2016 | Creekside Associates LLC<br>1221 Bridgeway 1<br><br>Sausalito CA 94965<br>ID:                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 03/07/2016 | Roy W. Daniels<br>839 Sybil Av<br><br>San Leandro CA 94577<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Specialist<br><br>Verizon  | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 02/15/2016 | eConsignment<br>323 Steven Cir<br><br>Benicia CA 94510<br>ID:                                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  |                                    |
| Rcpt Dt: 06/29/2016 | FH Dailey Chevrolet<br>800 Davis St<br><br>San Leandro CA 94577<br>ID:                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from _____                           | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____   |                                |
| 6 / 22  |                                |
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 |                                |
| I.D. Number<br>1380984  |                                |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>06/30/2016 | David Garcia<br>3039 Fernwood St<br><br>San Mateo CA 94403<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Finance<br><br>Logitech  | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>03/11/2016 | Phyllis L. Gee<br>2361 Marineview Dr<br><br>San Leandro CA 94577<br>ID:                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>06/29/2016 | Allan Graves<br>666 Bellevue Ave<br><br>Daly City CA 94014<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br><br>San Francisco Love Tours Inc  | 100.00                      | 200.00  |                                    |
| Rcpt Dt:<br>02/15/2016 | Allan Graves<br>666 Bellevue Ave<br><br>Daly City CA 94014<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br><br>San Francisco Love Tours Inc  | 100.00                      | 200.00  |                                    |
| Rcpt Dt:<br>06/02/2016 | David Greenberg<br>3186 East Av<br><br>Hayward CA 94541<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RN<br><br>Lifelong Medical   | 250.00                      | 250.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from _____                           | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____   |                                |
| 7 / 22  |                                |
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 |                                |
| I.D. Number<br>1380984  |                                |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>05/23/2016 | Esterine Green<br>225 Reva Av<br><br>San Leandro CA 94577<br>ID:                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Assistant<br><br>Zion Missionary Baptist Church                                  | 250.00                      | 250.00  |                                    |
| Rcpt Dt:<br>03/05/2016 | Briana Holland<br>37830 Logan Dr<br><br>Fairfield CA 94535<br>ID:                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Management<br><br>AppleOne   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>06/29/2016 | John R. Jay<br>10700 MacArthur Blvd 200<br><br>Oakland CA 94605<br>ID:                        | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive VP/COO<br><br>Jay-Phares Corporation   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>02/25/2016 | Jerry Garcia Ins Agency Inc<br>15200 Hesperian Blvd 102<br><br>San Leandro CA 94578<br>ID:    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 250.00                      | 250.00  |                                    |
| Rcpt Dt:<br>06/29/2016 | Juan Carlos Lopez<br>22 Heritage Village Ln<br><br>Campbell CA 95008<br>ID:                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marketing Manager<br><br>Cisco   | 100.00                      | 100.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from _____                           | <b>CALIFORNIA FORM 460</b> |
| through _____   |                            |
| 8 / 22  |                            |
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 |                            |
| I.D. Number<br>1380984  |                            |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>04/27/2016 | Art May<br>844 Northvale Rd<br><br>Oakland CA 94610<br>ID:                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal/Developer<br><br>Keystone Development Group                                      | 200.00                      | 200.00  |                                    |
| Rcpt Dt:<br>06/02/2016 | Arnold Mew<br>14948 Portofino Cir<br><br>San Leandro CA 94578<br>ID:                          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>03/05/2016 | Craig D. Miott<br>2532 Santa Clara Ave 175<br><br>Alameda CA 94501<br>ID:                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Advisor<br><br>Khyber Investments  | 250.00                      | 250.00  |                                    |
| Rcpt Dt:<br>06/30/2016 | Mr Plastics<br>2756 Alvarado St W-A<br><br>San Leandro CA 94577<br>ID:                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 50.00                       | 100.00  |                                    |
| Rcpt Dt:<br>02/25/2016 | Mr Plastics<br>2756 Alvarado St W-A<br><br>San Leandro CA 94577<br>ID:                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 50.00                       | 100.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 9 / 22                                |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>03/20/2016 | Calvin Ngyuen<br>441 Santa Clara Av<br><br>Alameda CA 94501<br>ID:                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Restauranter<br><br>Bucket-O-Crawfish  | 500.00                      | 500.00  |                                    |
| Rcpt Dt:<br>02/15/2016 | Stuart Rickard<br>981 Park St<br><br>Alameda CA 94501<br>ID:                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br><br>Stuart Rickard  | 150.00                      | 150.00  |                                    |
| Rcpt Dt:<br>02/15/2016 | Joyce Starosciak<br>9536 Penwood Way<br><br>Granite Bay CA 95746<br>ID:                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | IT Manager<br><br>Sacramento Regional Fire-<br>/EMS  | 100.00                      | 100.00  |                                    |
| Rcpt Dt:<br>06/29/2016 | Sunny H. Tong<br>520 S El Camino Real 700<br><br>San Mateo CA 94402<br>ID:                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | MANAGING DIRECTOR<br><br>Westlake Urban  | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt:<br>03/05/2016 | Robert W. Toone<br>218 Los Cerros Av<br><br>Walnut Creek CA 94598<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consulting<br><br>Toone & Associates   | 200.00                      | 200.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>10 / 22 |
|--|---------------------------------------|

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Ed Hernandez for San Leandro City Council 2016 | I.D. Number<br>1380984 |
|---|------------------------|

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 03/09/2016 | John Tucker<br>1401 Dove St 640<br>Newport Beach CA 92660<br>ID:                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vice President<br>Meritage Homes Corporation   | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 06/02/2016 | Nydia Valerio<br>2683 Spindrift Cir<br>Hayward CA 94545<br>ID:                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Loan Officer<br>Citibank   | 250.00                      | 250.00  |                                    |
| Rcpt Dt: 06/02/2016 | Richard K. Watters<br>6184-A Civic Terrace Av<br>Newark CA 94560<br>ID:                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | College Administrator<br>Cal State East Bay  | 50.00                       | 150.00  |                                    |
| Rcpt Dt: 03/05/2016 | Richard K. Watters<br>6184-A Civic Terrace Av<br>Newark CA 94560<br>ID:                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | College Administrator<br>Cal State East Bay  | 100.00                      | 150.00  |                                    |
| Rcpt Dt: 02/25/2016 | Carla Zizmor<br>3452 Robinson Dr<br>Oakland CA 94602<br>ID:                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Wood Smith Henning & Berman LLC  | 100.00                      | 200.00  |                                    |

|                    |  |
|--------------------|--|
| <b>SUBTOTAL \$</b> |  |
|--------------------|--|

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br>11 / 22 |
| I.D. Number<br>1380984                                 |                                       |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>02/15/2016 | Carla Zizmor<br>3452 Robinson Dr<br><br>Oakland CA 94602<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br><br>Wood Smith Henning & Berman LLC  | 100.00                      | 200.00  |                                    |

|                    |         |
|--------------------|---------|
| <b>SUBTOTAL \$</b> | 8450.00 |
|--------------------|---------|

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br><br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 12 / 22                    |
|  | I.D. NUMBER<br><br>1380984 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE       |
|--|--|--|------------------------------------|--|--|----------------------------------|---|---|
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 1500.00                                       | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1500.00   | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1503.30<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 350.00  | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 350.00  | 0.00 %<br>RATE<br>\$ 0.00        | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 1503.30<br>PER ELECTION** |

**SUBTOTALS** \$ 0.00 \$ 0.00 \$ 1850.00 \$ 0.00

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_ \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (JAN/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>13 / 22 |
| I.D. Number<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| 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) | DESCRIPTION OF GOODS OR SERVICES                     | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|--|---------------------------|---|------------------------------------|
| Rcpt Dt:<br>06/02/2016 | Adonal Foyle Enterprises LLC<br>436 14th St 1113<br><br>Oakland CA 94612<br>ID:              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Autographed basketba-<br>ll photos and T-Shir-<br>ts | 1503.92                   | 1503.92   |                                    |
| Rcpt Dt:<br>06/30/2016 | Rafael G. Arroyo<br>1229 Sandelin Av<br><br>San Leandro CA 94577<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dir Digital Marketing &<br>Creative Svc<br><br>Model N                                     | Creative services                                    | 1500.00                   | 1550.00   |                                    |
| Rcpt Dt:<br>06/02/2016 | Paul Jackman<br>981 Dowling Bl<br><br>San Leandro CA 94577<br>ID:                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Fun Flicks Outdoor Movie-<br>s  | Public address syste-<br>m rental                    | 299.00                    | 299.00  |                                    |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 3302.92**

**Schedule C Summary**

|  |                         |
|--|-------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more.<br>(Include all Schedule C subtotals.).....                             | \$ 3302.92              |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....   | \$ 13.18                |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$ 3316.10</b> |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
- (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                         |                            |
|-------------------------|----------------------------|
| Statement covers period | <b>CALIFORNIA FORM 460</b> |
| from _____              |                            |
| through _____           | 14 / 22                    |
| I.D. NUMBER             |                            |
| 1380984                 |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR    | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CNS<br>ID: |                        | 1500.00     |
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br>Fremont CA 94539     | CNS<br>ID: |                        | 1500.00     |
| Katherine Greenberg<br>1743 140th Av<br>San Leandro CA 94578                    | OFC<br>ID: |                        | 41.49       |

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

**SUBTOTAL \$**

## Schedule E Summary

|  |                 |                |
|--|-----------------|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$              | 5759.30        |
| 2. Unitemized payments made this period of under \$100.  | \$              | 0.00           |
| 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>5759.30</b> |

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b><br><br>15 / 22 |
| I.D. NUMBER<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Katherine Greenberg ID:<br>1743 140th Av<br><br>San Leandro CA 94578            | FND  |    |                        | 36.24       |
| Katherine Greenberg ID:<br>1743 140th Av<br><br>San Leandro CA 94578            | FND  |    |                        | 10.72       |
| Katherine Greenberg ID:<br>1743 140th Av<br><br>San Leandro CA 94578            | FND  |    |                        | 20.55       |

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 16 / 22                               |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Katherine Greenberg ID:<br>1743 140th Av<br>San Leandro CA 94578                | OFC     |                        | 226.20      |
| Katherine Greenberg ID:<br>1743 140th Av<br>San Leandro CA 94578                | FND     |                        | 49.01       |
| Katherine Greenberg ID:<br>1743 140th Av<br>San Leandro CA 94578                | OFC     |                        | 62.00       |

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 17 / 22                               |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Katherine Greenberg ID:<br>1743 140th Av<br>San Leandro CA 94578                | OFC     |                        | 32.69       |
| Wayne Gregori ID:<br>555 Dutton Av<br>San Leandro CA 94577                      | FND     |                        | 17.09       |
| Wayne Gregori ID:<br>555 Dutton Av<br>San Leandro CA 94577                      | FND     |                        | 116.78      |

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b><br><br>18 / 22 |
| I.D. NUMBER<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Kenneth Pon CPA<br>151 Callan Av 306<br><br>San Leandro CA 94577                | PRO  |    |                        | 250.00      |
| Kenneth Pon CPA<br>151 Callan Av 306<br><br>San Leandro CA 94577                | OFC  |    |                        | 50.00       |
| Kenneth Pon CPA<br>151 Callan Av 306<br><br>San Leandro CA 94577                | FND  |    |                        | 307.50      |

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

**SUBTOTAL \$**

**Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b><br><br>19 / 22 |
| I.D. NUMBER<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Leadership San Leandro ID:<br>120 Estudillo Av<br>San Leandro CA 94577          | MTG     |                        | 500.00      |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 29.23       |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 3.20        |

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b><br><br>20 / 22 |
| I.D. NUMBER<br>1380984                                 |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 14.80       |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 6.10        |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 1.75        |

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

**SUBTOTAL \$**

**Schedule E Summary**

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | 21 / 22                        |
|  | I.D. NUMBER<br>1380984         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 51.04       |
| Paypal ID:<br>2211 N First St<br>San Jose CA 95131                              | OFC     |                        | 4.23        |
| The Carvery Catering ID:<br>1909 El Camino Real<br>Redwood City CA 94063        | FND     |                        | 928.68      |

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

**SUBTOTAL \$ 5759.30**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ \_\_\_\_\_**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|  |   |
|--|---|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b><br><br>22 / 22 |
|  | I.D. NUMBER<br>1380984                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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/spons |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration                                      |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)          |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--------------------------------|---|---------------------------------------|---|--|
| Drakes Brewing Company<br>1933 Davis St<br>San Leandro CA 94577                 | FND                            | 0.00  | 1412.50                               | 0.00  | 1412.50  |
| Ghirardelli Chocolate<br>1111 139th Av<br>Leandro CA 94578                      | FND                            | 0.00  | 90.80                                 | 0.00  | 90.80  |

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

**SUBTOTALS \$ 0.00 \$ 1503.30 \$ 0.00 \$ 1503.30**

**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 \$ 1503.30**
- 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 \$ 0.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 1503.30**  
May be a negative number.

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|  |  |
|--|--|
| Date Stamp<br><b>CITY OF SAN LEANDRO</b><br><br><b>FEB 01 2016</b><br><b>CITY CLERK'S OFFICE</b> | <b>CALIFORNIA</b><br><b>2001/02</b><br><b>FORM</b><br><br><b>460</b> |
|  | 1 / 9  |
|  | For Official Use Only  |

Statement covers period  
from 01/01/2015  
through 12/31/2015

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

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

### 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement      |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report  |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below)        | Statement - Attach Form 495                       |

### 3. Committee Information

I.D. NUMBER  
1380984

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Ed Hernandez for San Leandro City Council 2016

STREET ADDRESS (NO P.O. BOX)  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | 510/895-2011    |

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

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018                      kponcpa@sprynet.com

### Treasurer(s)

NAME OF TREASURER  
Kenneth Pon CPA

MAILING ADDRESS  
151 Callan Ave 306

|             |       |          |                 |
|-------------|-------|----------|-----------------|
| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
| San Leandro | CA    | 94577    | (510) 895-2011  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS  
(510) 895-2018                      kponcpa@sprynet.com

### 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 01/26/2016 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/26/2016 By   
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

2 / 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ed Hernandez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: City Council Member

City City of San Leandro 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

151 Callan Ave 306 San Leandro CA 94577

**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 to make expenditures on behalf of your candidacy.

|                |             |
|----------------|-------------|
| 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

|                |             |
|----------------|-------------|
| 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
 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 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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 3 / 9                                 |                                |
| I.D. NUMBER<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

**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 | \$ 6600.00   | \$ 6600.00                                 |
| 2. Loans Received .....              | Schedule B, Line 7 | 1850.00  | 1850.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 8450.00   | \$ 8450.00                                 |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 1560.00  | 1560.00                                    |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 10010.00   | \$ 10010.00                                |

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

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00          | \$ 0.00     |
| 21. Expenditures Made     | \$ 0.00          | \$ 0.00     |

**Expenditures Made**

|  |                      | Column A   | Column B   |
|--|----------------------|------------|------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 1500.00 | \$ 1500.00 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00       | 0.00       |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 1500.00 | \$ 1500.00 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | 0.00       | 0.00       |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | 1560.00    | 1560.00    |
| 11. TOTAL EXPENDITURES MADE.....         | Add Lines 8 + 9 + 10 | \$ 3060.00 | \$ 3060.00 |

**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                | \$ 0.00    |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 8450.00    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 1500.00    |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6950.00 |

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).

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 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 | \$ 1850.00 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 4 / 9                                 |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 12/22/2015 | 2950 Merced Park Properties LLC<br>2950 Merced St 109<br><br>San Leandro CA 94577<br>ID:      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 12/18/2015 | Anthony A. Batarse Jr<br>10550 International Bl<br><br>Oakland CA 94603<br>ID:                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President/CEO<br><br>Lloyd A Wise Co   | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 12/06/2015 | Jeffrey S. Falero<br>1611 138th Av<br><br>San Leandro CA 94578<br>ID:                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br><br>AEPC Group LLC   | 100.00                      | 100.00  |                                    |
| Rcpt Dt: 12/31/2015 | FH Dailey Chevrolet<br>800 Davis St<br><br>San Leandro CA 94577<br>ID:                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 12/21/2015 | Katherine Frates<br>2062 Evergreen Av<br><br>San Leandro CA 94577<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | None<br><br>None   | 100.00                      | 100.00  |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

|   |                 |         |
|---|-----------------|---------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$              | 6600.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$              | 0.00    |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 6600.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 5 / 9                                 |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED       | FULL NAME, MAILING 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) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 12/31/2015 | Glenn Gorden<br>6435 Zumirez Dr 19<br><br>Malibu CA 90265<br>ID:                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Investment/D-<br>evelopment<br><br>Glenn Gorden                                | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 12/28/2015 | Michael J. Gregory<br>1648 Daniels Dr<br><br>San Leandro CA 94577<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Regional Acct Manager<br><br>American Red Cross  | 200.00                      | 200.00  |                                    |
| Rcpt Dt: 12/04/2015 | David Imer<br>1221 Bridgeway 1<br><br>Sausalito CA 94965<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br><br>Creekside Associates LLC                                      | 1000.00                     | 1000.00   |                                    |
| Rcpt Dt: 12/29/2015 | Jay-Phares Corporation<br>10700 MacArthur Blvd 200<br><br>Oakland CA 94605<br>ID:             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      | 500.00  |                                    |
| Rcpt Dt: 12/30/2015 | Kiran R. Karnard<br>4616 Rockingham Ct<br><br>Oakland CA 94619<br>ID:                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Broker<br><br>Fund One Mortgage Corpor-<br>ation                               | 1000.00                     | 1000.00   |                                    |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 6 / 9                                 |                                |
| I.D. Number<br>1380984                |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ed Hernandez for San Leandro City Council 2016

| DATE RECEIVED          | FULL NAME, MAILING 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) |
|------------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>12/10/2015 | Charles A. Long<br>2030 Manzanita Dr<br><br>Oakland CA 94611<br>ID:                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Consulting<br><br>Charles A Long   | 500.00                      | 500.00  |                                    |
| Rcpt Dt:<br>12/09/2015 | The Gregori Group Real Estate Inc<br>555 Dutton Av<br><br>San Leandro CA 94577<br>ID:         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 200.00  |                                    |

**SUBTOTAL \$ 6600.00**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                                       |                                |
|---------------------------------------|--------------------------------|
| Statement covers period<br>from _____ | <b>CALIFORNIA<br/>FORM 460</b> |
| through _____                         |                                |
| 7 / 9                                 |                                |
| I.D. NUMBER<br><br>1380984            |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE    |
|--|--|--|------------------------------------|--|--|----------------------------------|---|--|
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 0.00  | \$ 1500.00                         | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1500.00   | 0.00 %<br>RATE<br>\$ 0.00        | \$ 1500.00<br><br>11/02/2015<br>DATE INCURRED | CALENDAR YEAR<br>1850.00<br>PER ELECTION** |
| Ed Hernandez<br>151 Callan Ave 306<br><br>San Leandro CA 94577<br>ID:<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ 0.00  | \$ 350.00                          | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 350.00  | 0.00 %<br>RATE<br>\$ 0.00        | \$ 350.00<br><br>11/13/2015<br>DATE INCURRED  | CALENDAR YEAR<br>1850.00<br>PER ELECTION** |

**SUBTOTALS** \$ 1850.00 \$ 0.00 \$ 1850.00 \$ 0.00

**Schedule B Summary**

1. Loans received this period. \_\_\_\_\_ \$ 1850.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_ \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net \$ 1850.00**  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 460</b> |
|  | 8 / 9                      |
|  | I.D. Number<br>1380984     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| Rcpt Dt: 12/31/2015 | Rafael G. Arroyo<br>1229 Sandelin Av<br><br>San Leandro CA 94577<br>ID:                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dir Digital Marketing & Creative Svc<br><br>Model N  | Graphic Design Services          | 1560.00                   | 1560.00   |                                    |

|   |                    |         |
|---|--------------------|---------|
| Attach additional information on appropriately labeled continuation sheets. | <b>SUBTOTAL \$</b> | 1560.00 |
|---|--------------------|---------|

**Schedule C Summary**

|  |                 |         |
|--|-----------------|---------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more.<br>(Include all Schedule C subtotals.).....                             | \$              | 1560.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....   | \$              | 0.00    |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 1560.00 |

|   |
|---|
| *Contributor Codes<br>IND - Individual<br>COM - Recipient Committee<br>- (other than PTY or SCC)<br>OTH - Other<br>PTY - Political Party<br>SCC - Small Contributor Committee |
|---|

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                       |                               |
|---------------------------------------|-------------------------------|
| Statement covers period<br>from _____ | CALIFORNIA<br>FORM <b>460</b> |
| through _____                         |                               |
|                                       | 9 / 9                         |
|                                       | I.D. NUMBER<br><br>1380984    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ed Hernandez for San Leandro City Council 2016

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR  | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-----|------------------------|-------------|
| Gloria Ritchie and Associates LLC<br>43531 Ellsworth St<br><br>Fremont CA 94539 | CNS  | ID: |                        | 1500.00     |

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

**SUBTOTAL \$ 1500.00**

## Schedule E Summary

|  |                         |
|--|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 1500.00              |
| 2. Unitemized payments made this period of under \$100.  | \$ 0.00                 |
| 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 \$ 1500.00</b> |