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Campaign Finance

Candidates & **Elected Officials**

Propositions & **Ballot Measures**

Committees, Parties, Major Donors & Slate <u>Mailers</u>

Daily/Late/ Special Filings

Lobbying Activity

Resources

For Filers Only

Political Reform

User's Manual

Campaign Finance:

HERNANDEZ FOR SAN LEANDRO CITY COUNCIL 2016; ED

Election Cycle:

2017 through 2018

A Historical

View Information:

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

- General Information
- C Contributions Received
- Contributions Made
- Expenditures Made
- Late and \$5000+ Contributions Received
- C 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 (Recipient Con						Stamp	- 3	ORNIA 410
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1380984 Date qualified as committee (If applicable)	List I.D. numl	ation – See Part 5 per:	CITY OF SA MAR CITY CLER	1 2017		For Official Use Only
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Ed Hernandez	for San Leandro Cit	ty Council 2016		Kenneth Pon (street address (no p.o. bo) 1319 Washing	DX)			
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	San Leandro CA 945	577-0022		3111221 713311233 (113 113 133	,			
FAX/E-MAIL ADDRESS kponcpa@spry				CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Alameda	JURISDICTION W	vhere committee is active San Leandro		NAME OF PRINCIPAL OFFICER	R(S)			
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Statement of Organization Recipient Committee					CALIFORNIA 410
INSTRUCTIONS ON REVERSE					Page 2
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Comerica Bank	(510)346-3340	1895027	405	
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Late Contribution Report

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Late Contribution Report

Ed Hernandez for San Leandro City Council 2016

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NAME OF FILER

(510) 895-2011 STREET ADDRESS 151 Callan Ave 306

San Leandro

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Ed Hernandez for San Leandro City Council 2016

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Reason for Amendment:

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FPPC Form 497(June/01)
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CITY OF SAN LEANDRO SEP 20 2016

CITY CLERK'S OFFICE

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10 (Dec/2012) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization	4					CALIFORNIA AAO
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INSTRUCTIONS ON REVERSE (111)	3					Page 2
Ed Hernandez for San Leandro	City Council 2016	·				1.D. NUMBER 1380984
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£ 94	•	1	THE OF LOWINGLING	PERIODDER, CANDIDALE, OR 51	ALE MEASURE PROPUNENT	FPPC A	dvice: advice@	FPPC Form 410 (Dec/2012) Pfppc.ca.gov (866/275-3772)
2 7 × h + co								www.fppc.ca.gov

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE COMMITTEE NAME I.D. NUMBER Ed Hernandez for San Leandro City Council 2016 All committees must list the financial institution where the campaign bank account is located. NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER Comerica Bank (510)346-3340 ADDRESS 1301 E 14th Street San Leandro CA 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. **ELECTIVE OFFICE SOUGHT OR HELD** NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT YEAR OF ELECTION PARTY (INCLUDE DISTRICT NUMBER IF APPLICABLE) Monpartisan Ed Hernandez City Council, District 2 2016 ☐ Nonpartisan Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT **OPPOSE**

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

doedd

OPPOSE

Candidate Intention Statement	Type or Print in Ink.	CITY OF SAMULEAN	CALIFORNIA 501 FORM FOR Only
Check One: Initial		CITY CLERK'S OF	FICE
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAII	_ (optional) / i k ¬ T
Ed Hernandez	(510) 895-2011	(510) 891 2018 kpon	cpa@sprynet.com? > -
STREET ADDRESS	CITY	STATE ZIP CO	
151 Callan Ave. #306	San Leandro	CA 9457	7
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		DISTRICT NUMBER, if applicable.	M NON-PARTISAN
City Council City of San	eandro	2	PARTY:
OFFICE JURISDICTION State (Complete Part 2.)		2016	
☑ City ☐ County ☐ Multi-County: ————————————————————————————————————	(Name of Multi-County Jurisdiction)	2016 (Year of Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election	,		
I do not accept the voluntary expenditure ceiling for the Amendment: O I did not exceed the expenditure ceiling in the prima general or special run-off election.	e election stated above.	and I accept the volunta	ary expenditure ceiling for the
(Mark if applicable) On/, I contributed personal funds in e	xcess of the expenditure ceiling for the	election stated above.	٨
3. Verification:		()	
I certify under penalty of perjury under the laws of the Sta	te of California that the foregoing is tru	e and comect.	3
Executed on 11/2/15 (month, day, year)	Signature Wern (Candi	ande	
)	,	. //	FPPC Form 501 (January/05) Helpline: 866/ASK-FPPC (866/275-3772)

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

COVER PAGE

FPPC Form 460 -(JAN/2016) State of California/SI

PEN WHEN

Recipient Committee Campaign Statement Cover Page - Part 2 COVER PAGE - PART 2

CALIFORNIA 460

			· · · · · · · · · · · · · · · · · · ·	•		•	
. Officeholder or Candidate Controlled Committee	9	6.	Primarily Formed Ballot		nittee		-
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASU	RE			
Ed Hernandez							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I		•	BALLOT NO. OR LETTER	JURISDICTION			SUPPORT
City Council Member - District 2	City of San Leandro						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP an Leandro CA 94577		Identify the controlling	officeholder, car	ndidate, or state m	easure propo	nent, if any.
1319 Washington Ave 223 S	an Leandro CA 945//		NAME OF OFFICEHOLDER		<u> </u>	• • • • • • • • • • • • • • • • • • • •	
Related Committees Not Included in this Sta	atement: List any committees						
not included in this statement that are controlled by y receive contributions or make expenditures on behal	ou or are primarily formed to		OFFICE SOUGHT OR HELE	D		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
		7.	Primarily Formed Cand List names of officeholde			nittee is priman	ily formed.
NAME OF TREASURER	CONTROLLED COMMITTEE ?		NAME OF OFFICEHOLDER	· · · · · · · · · · · · · · · · · · ·	OFFICE SOUGH	•	
COMMITTEE STREET ADDRESS (NO P.O. BOX)							SUPPORT OPPOSE
CITY STAT	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGH	T OR HELD	
COMMITTEE NAME	I.D. NUMBER	-	TO MILE OF STATE HOLDER	, 5, , 5, 11,5,5, 11,5	0.1.02		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE ?		NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE STREET ADDRESS (NO P.O. BOX)							OPPOSE
CITY STAT	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER	R OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

 Statement covers period from
 01/01/2018
 CALIFORNIA FORM
 460

 through
 06/30/2018
 Page
 3 of 6

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

Co 1	ntributions Received Monetary Contributions	\$_	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 2,500.00	\$ Column B CALENDAR YEAR TOTAL TO DATE 2,500.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections.
2.	Loans Received	_	0.00	 0.00	1/1 through 6/30 7/1 to Date
3.	SUBTOTAL CASH CONTRIBUTIONS	\$_	2,500.00	\$ 2,500.00	20. Contributions Received \$\$
4.	Nonmonetary Contributions ,		0.00	 0.00	21. Expenditures
5.	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$_	2,500.00	\$ 2,500.00	Made \$
Exp	penditures Made				
6.	Payments MadeSchedule E, Line 4	\$_	2,625.67	\$ 2,625.67	Expenditure Limit Summary
7.	Loans Made		0.00	 0.00	for State Candidates
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	2,625.67	\$ 2,625.67	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limits)
9.	Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_	0.00	 0.00	(If Subject to Voluntary Experience Emilia)
10	Nonmonetary AdjustmentSchedule C, Line 3	_	0.00	 0.00	
11	TOTAL EXPENDITURES MADE	\$_	2,625.67	\$ 2,625.67	¢
	rent Cash Statement		COC 05		
12	Beginning Cash Balance	\$_	696.05		\$
13	Cash Receipts		2,500.00		* Amounts in this Section may be different from amounts
14	. Miscellaneous Increases to CashSchedule I, Line 4	_	0.00		reported in Column B.
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	\$	0.00		
Cas	sh Equivalents and Outstanding Debts				
18	Cash Equivalents	\$_	0.00		
19	. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$_	0.00		FPPC Form 460 -(JAN/201 State of California

SCHEDULE A

Schedule A Monetary Contributions Received

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF 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)
02/07/2018	Rental Housing Owners Assoc of So Alameda County 980 9TH ST STE 1430 SACRAMENTO, CA 95814	СОМ	ID No. 745208	2,500.00	2,500.00	`

SUB	TOTAL \$	2,500.00	
Schedule A Summary 1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$_	2,500.00	** Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party
2. Amount received this period - unitemized	* _ FOTAL \$ _	2,500.00	SCC - Small Contributor Committee FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

			SCHEDULE E
Schedule E		Statement covers period	CALIFORNIA 460
Payments Made		from01/01/2018	FORM 400
		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 payo	ment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. MBR me CNS campaign consultants MTG me CTB contribution (explain nonmonetary) OFC offic CVC civic donations PET pet FIL candidate filing / ballot fees PHO pho FND fundraising expenses POL pol IND independent expenditures supporting/opposing others POS pos	mber communications etings and appearances be expenses tion circulating one banks ing and survey research tage, delivery and messenger services fessional services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable production cost TRC candidate travel, lodging an TRS staff/spouse travel, lodging	is id meals and meals _{es} of the same candidate/sponsor
)		
NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION	ON OF PAYMENT	AMOUNTPAID
Gordon Galvan	RFD		1,000.00
PO Box 3101 San Leandro, CA 94578			ν .
Gloria Ritchie and Associates LLC	CNS		500.00
43531 Ell:sworth St Fremont, CA 94539			
Kenneth Pon CPA	PRO		545.00
151 Callan Av 306 San Leandro, CA 94577			
		SL	JBTOTAL \$ 2,045.00
Schedule E Summary			
Itemized payments made this period. (Include all Schedule E	subtotals.)		\$ 2,600.67
2. Unitemized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part 1, Column (e)	.)	\$ 0.00



SCHEDULE E

Schedule E (Continuation Sheet) Payments Made

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 campaign consultants MTG meetings and appearances RFD returned contributions returned contributions SAL campaign workers' salaries contribution (explain nonmonetary) OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable production costs t.v. or cable production costs TRC candidate filing / ballot fees PHO phone banks TRC candidate travel, lodging and meals

FND fundraising expenses

FOL polling and survey research

FND independent expenditures supporting/opposing others

FND fundraising expenses

FND fundraising expenses

FND polling and survey research

FNS staff/spouse travel, lodging and meals

TRS staff/spouse travel, lodging and meals

TRS 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 DE	DESCRIPTION OF PAYMENT	AMOUNTPAID
NationBuilder 520 S Grand Av 200 Los Angeles, CA 90071	OFC		226.20
Remcho Johansen & Purcell LLP	CNS		329.47
1901 Harrison St 1550 Oakland, CA 94612			

SUBTOTAL \$

555.67

COVER PAGE

State of California/SI

COVER PAG	SE-PARI 2
CALIFORNIA FORM	460

Page	2	of 10
	Page	rage 2

NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
Ed Hernandez				MANIE OF BALLOT MILAGONE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND City Council Member - District 2	DISTRICT NUMBER	•	-	BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET 1319 Washington Ave 223) CITY an Leandro	STATE ZIP CA 94577	•	Identify the controlling officeholder, c	andidate, or state m	neasure propo	onent, if any.
	******			NAME OF OFFICEHOLDER OR CANDIDATE	OR PROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by y receive contributions or make expenditures on behal	ou or are primari f of your candida	ily formed to cy.		OFFICE SOUGHT OR HELD	·	DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER	:	_				· · · · · · · · · · · · · · · · · · ·
NAME OF TREASURER	CONTROLLE	D COMMITTEE ?	7.	Primarily Formed Candidate/Officehol List names of officeholder(s)or candidate(mittee is primai	rily formed.
NAME OF TREASURER	YES	NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	
COMMITTEE STREET ADDRESS (NO P.O. BOX)							
	E ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	
CITY STAT	E ZIP CODE		.	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	OPPOSE SUPPOR
	I.D. NUMBER		·	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH		SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR
CITY STAT	I.D. NUMBER	D COMMITTEE ?	-				OPPOSE SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

 Statement covers period from
 07/01/2017
 CALIFORNIA FORM
 460

 through
 12/31/2017
 Page 3 of 10

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

Cor	atributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1.	Monetary Contributions	\$_	7,124.00	\$	8,804.00	General Elections.
2.	Loans Received		-7,202.25		0.00	1/1 through 6/30 7/1 to Date
3.	SUBTOTAL CASH CONTRIBUTIONSAdd Lines 1+ 2	\$_	-78.25	\$	8,804.00	20. Contributions Received \$\$
4.	Nonmonetary Contributions		0.00		0.00	21. Expenditures Made \$\$
5.	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$_	-78.25	\$	8,804.00	wade <u> </u>
Exp	enditures Made					
6.	Payments MadeSchedule E, Line 4	\$	2,105.05	\$	3,432.87	Expenditure Limit Summary
7.	Loans Made		0.00		0.00	for State Candidates
8.	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	2,105.05	\$	3,432.87	 Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limits)
9.	Accrued Expenses (Unpaid Bills)		0.00		0.00	(In Gubject to Voluntary Experiments Emiliary
10	Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00	
11	TOTAL EXPENDITURES MADE	\$_	2,105.05	\$	3,432.87	s
Cu	rent Cash Statement					
12	Beginning Cash Balance	<u>\$_</u>	2,879.35	ŀ		\$
13	Cash Receipts	_	-78.25			* Amounts in this Section may be different from amounts
14	Miscellaneous Increases to Cash	_	0.00			reported in Column B.
15	. Cash Payments		2,105.05			
16	ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	696.05			
17	. LOAN GUARANTEES RECEIVED	\$_	0.00			
Ca	sh Equivalents and Outstanding Debts					
	Cash Equivalents	\$ <u></u>				EDDO 5 400 (14N/0040)
19	Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$_	0.00	Į		FPPC Form 460 -(JAN/2016) State of California/SI

Schedule A **Monetary Contributions Received**

CALIFORNIA Statement covers period **FORM** 07/01/2017 from 4 of 10 Page 12/31/2017 through

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 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 1221 Bridgeway 1 Sausalito, CA 94965	ОТН		1,000.00	1,000.00	
11/30/2017	Nico S. Enea 2847 Regatta Dr Oakland, CA 94601	IND	Director Business Development Bloom Innovations Inc	100.00	100.00	
12/12/2017	Gordon Galvan PO Box 3101 San Leandro, CA 94578	IND	Consultant Galvan & Associates	-2,500.00 Contribution returned	1,000.00	
11/30/2017	Gordon Galvan PO Box 3101 San Leandro, CA 94578	IND	Consultant Galvan & Associates	2,500.00	1,000.00	

Schedule A Summary 1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$_	6,950.00	** Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party
2. Amount received this period - unitemized	. \$_	174.00	SCC - Small Contributor Committee
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	7,124.00	FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL \$

1,100.00

Schedule A (Continuation Sheet) Monetary Contributions Received

	Statement covers period from 07/01/2017		RNIA 460
through _	12/31/2017	Page	5 of 10
		I.D. NUMB	ER

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

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	IND	Refunded in subsequent reporting period.	1,000.00	1,000.00	
	PO Box 3101 San Leandro, CA 94578		Galvan & Associates			(
	Refunded in subsequent reporting period.	_				
11/01/2017	Daniel J. Grace	IND	President	1,000.00	1,000.00	
11,01,201,	963 Lee Av San Leandro, CA 94577		Dark Heart Nursery			
11/30/2017	John Oram	IND	Scientist	500.00	500.00	
,,	2211 Oregon St Berkeley, CA 94705		Bloom Innovations Inc			
						(
12/20/2017	Nancy Pretto	IND	None	500.00	500.00	
12/20/2017	775 Bridge Rd San Leandro, CA 94577		None			

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

Schedule A (Continuation Sheet) Monetary Contributions Received

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2017
 Page
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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)
09/14/2017	Rental Housing Owners Assoc of So Alameda County	COM	ID No. 745208	2,500.00	2,500.00	
	980 9TH ST STE 1430 SACRAMENTO, CA 95814					
11/30/2017	TEAMSTERS LOCAL NO. 853 PAC 2100B MERCED STREET SAN LEANDRO, CA 94577	COM	ID No. 1250157	350.00	350.00	

SUBTOTAL\$

2,850.00

Sched	ule E	3 - P	art	1
Loans	Rec	eive	d	

Stateme	ent covers period	CALIFORNIA		460	
from	07/01/2017	FOR	VI	700	
through _	12/31/2017	Page	7 0	f 10	
ļ		I.D. NUME	BER		

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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		1,500.00		PAID 1500.00	0.00	0.00	1,500.00	CALENDAR YEAR -6,850
1319 Washington Ave 223		- ,		FORGIVEN				PER ELECTION
San Leandro, CA 94577	_				DUE DATE 12/31/2017	INTEREST RATE 0.00 %	DATE INCURRED 11/02/2015	
Contributor Code: IND			<u> </u>					
Ed Hernandez		350.00		PAID 350.00	0.00	0.00	350.00	CALENDAR YEAR -6,850
1319 Washington Ave 223 San Leandro, CA 94577				FORGIVEN				PER ELECTION **
Sail LeandIO, CA 94377	_				DUE DATE	INTEREST RATE	DATE INCURRED	
Contributor Code: IND					12/31/2017	0.00 %	11/13/2015	
Ed Hernandez		5,000.00		PAID 5000.00	0.00	0.00	5,000.00	CALENDAR YEAR -6,850
1319 Washington Ave 223		2,322		FORGIVEN				PER ELECTION **
San Leandro, CA 94577				1	DUE DATE	INTEREST RATE		
Contributor Code: IND					12/31/2017	0.00 %	12/20/2016	

	SUBTOTALS \$	(b) 0.00	(C) 6850.00	(d) 0.00	(e) 0.00
Schedule B Summary					** Contributor Codes IND - Individual

1. Loans received this period 0.00

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.)

Enter the net here and on the Summary Page, Column A, Line 2.

7,202.25

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

7,202.25)

FPPC Form 460 -(JAN/2016)

SCHEDULE B - PART 1

Schedule B - Part 1 (Continued) Loans Received					Statement cover	s period 1/2017	CALIFORNIA FORM 460	
				t	nrough 12/3	1/2017	Page 8	of 10
NAME OF FILER Ed Hernandez for San	Leandro City Council	2016					I.D. NUMBER 13809	84
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(C) AMOUNT PAID OR FORGIVEN THIS PERIOD		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Ed Hernandez 1319 Washington Ave 223		352.25		PAID 352.2			352.25	CALENDAR YEAR -6,850 PER ELECTION **
San Leandro, CA 94577 Contributor Code: IND	_				DUE DATE 12/31/2017	INTEREST RATE	DATE INCURRED 01/01/2017	

<u></u>		(b)	(c)	(d)	(e) [
	SUBTOTALS \$	0.00	352.25	0.00	0.00	 ,

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

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1.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 State Assembly Person State District Office District 18 SUPPORT OPPOSE	Monetary Contribution Non-Monetary Contribution Independent Expenditure		75.00	325.00	325.00 (
10/06/2017	Gavin Newsom Governor Statewide Office SUPPORT OPPOSE	Monetary Contribution Non-Monetary Contribution Independent Expenditure		100.00	100.00	100.00 (P18)

SUBTOTAL \$ 175.00	÷ .	u.	
Schedule D Summary			
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)		\$	175.00
2. Unitermized contributions and independent expenditures made this period of under \$100.		\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	. TOTAL	- \$	175.00

SCHEDULE E

Schedule E	Stateme	nt covers period	CALIFORNIA	460
Payments Made	from	07/01/2017	FORM	400
	through _	12/31/2017	Page 10 c	of 10
NAME OF FILER Ed Hernandez for San Leandro City Council 2016			I.D. NUMBER 138098	4

COD	ES: If one of the following accurately describes	s the payment, you may enter the code. Of	merwise, describe me 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	cvc		250.00
101 Estudillo Av San Leandro, CA 94577			
Kenneth Pon CPA	PŘO		1,630.05
151 Callan Av 306 San Leandro, CA 94577		•	
Newsom for California - Governor 2018	CTB		100.00
465 California St 425 San Francisco, CA 94104 ID No: 1375287			
		SUBTOTAL \$	1,980.05

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.)	2,105.05

State of California/SI

Recipient Committee Campaign Statement Cover Page - Part 2

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COVER PA	GE - PART 2
ALIFORNIA	460

FORM

State	ement covers period	Page	2 of 10
from	07/01/2017	1	
through	12/31/2017	·	

5.	Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Comm	nittee		
	NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez			NAME OF BALLOT MEASURE			
		ity of San Leandro		BALLOT NO. OR LETTER JURISDICTION	All Market	[SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1319 Washington Ave 223 San	CITY STATE ZIP Leandro CA 94577		Identify the controlling officeholder, car	ndidate, or state m	easure prop	onent, if any.
	Total Madrington Med 223	Edulato on 510.		NAME OF OFFICEHOLDER OR CANDIDATE OF	RPROPONENT		
	Related Committees Not Included in this State not included in this statement that are controlled by you receive contributions or make expenditures on behalf of COMMITTEE NAME	or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
	NAME OF TREASURER	CONTROLLED COMMITTEE ?	7.	Primarily Formed Candidate/Officehold List names of officeholder(s)or candidate(s)		nittee is prima	rily formed.
	NAME OF INCASONEN	YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	T OR HELD	
	COMMITTEE STREET ADDRESS (NO P.O. BOX)						SUPPORT OPPOSE
	CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	T OR HELD	-
	COMMITTEE NAME	I.D. NUMBER	_				SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE ?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
		ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
			•				

Campaign Disclosure Statement Summary Page

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2017
 Page
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NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

Contribu	ıtions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Mone	etary Contributions Schedule A, Line 3	\$	7,124.00	\$	8,804.00	General Elections.
2. Loans	s Received	_	-7,202.25		0.00	1/1 through 6/30 7/1 to Date
3. SUB1	TOTAL CASH CONTRIBUTIONS	\$_	-78.25	\$	8,804.00	20. Contributions Received \$\$
4. Nonm	monetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures Made \$ \$
5. TOTA	AL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	-78.25	\$	8,804.00	iviade ————————————————————————————————————
Expendit	tures Made					
6. Paym	nents MadeSchedule E, Line 4	\$_	2,105.05	\$	3,432.87	Expenditure Limit Summary
7. Loans	is Made	_	0.00		0.00	for State Candidates
8. SUBT	TOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	2,105.05	\$	3,432.87	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limits)
9. Accru	ued Expenses (Unpaid Bills)	_	0.00		0.00	(if dubject to voluntary Exponential Emiliary
10. Nonn	monetary Adjustment		0.00		0.00	
11. TOTA	AL EXPENDITURES MADE	\$_	2,105.05	\$	3,432.87	s
	Cash Statement	œ	2,879.35			. (
•	nning Cash Balance	Φ_	-78.25	į		
	n Receipts	_	0.00			* Amounts in this Section may be different from amounts reported in Column B.
14. Misce	ellaneous Increases to Cash	_				reported in Column B.
15. Cash	Payments	_	2,105.05			
16. END	ING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	696.05			
17. LOAI	N GUARANTEES RECEIVEDSchedule B, Part 2	\$_	0.00			
Cash Eq	quivalents and Outstanding Debts	_				
18. Cash	h Equivalents	\$_	0.00	ł		EDDO F 400 (14) 10040
19. Outs	standing Debts Add Lines 2 + Line 9 in Column B above	\$_	0.00			FPPC Form 460 -(JAN/2016 State of California/S

Schedule	Α	
Monetary	Contributions	Received

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2017
 Page
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NAME OF FILER Ed Hernandez for San Leandro City Council 2016

I.D. NUMBER 1380984

FULL NAME, STREET ADDRESS AND ZIP CODE OF 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)
Creekside Associates LLC 1221 Bridgeway 1 Sausalito, CA 94965	ОТН		1,000.00	1,000.00	
Nico S. Enea 2847 Regatta Dr Oakland, CA 94601	IND	Director Business Development Bloom Innovations Inc	100.00	100.00	
Gordon Galvan PO Box 3101 San Leandro, CA 94578	IND	Consultant Galvan & Associates	-2,500.00 Contribution returned	1,000.00	
Gordon Galvan PO Box 3101 San Leandro, CA 94578	IND	Consultant Galvan & Associates	2,500.00	1,000.00	
	(IF COMMITTEE, ALSO ENTER LD. NUMBER) Creekside Associates LLC 1221 Bridgeway 1 Sausalito, CA 94965 Nico S. Enea 2847 Regatta Dr Oakland, CA 94601 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101	(IF COMMITTEE, ALSO ENTER LD. NUMBER) Creekside Associates LLC OTH 1221 Bridgeway 1 Sausalito, CA 94965 Nico S. Enea IND 2847 Regatta Dr Oakland, CA 94601 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan IND PO Box 3101	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Creekside Associates LLC 1221 Bridgeway 1 Sausalito, CA 94965 Nico S. Enea 2847 Regatta Dr Oakland, CA 94601 Gordon Galvan PO Box 3101 Gordon Galvan FO Box 3101 Gordon Galvan & Associates	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Creekside Associates LLC 1221 Bridgeway 1 Sausalito, CA 94965 Nico S. Enea 2847 Regatta Dr Oakland, CA 94601 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan PO Box 3101 San Leandro, CA 94578 Gordon Galvan FO Box 3101 San Leandro, CA 94578 Gordon Galvan FO Box 3101 San Leandro, CA 94578 Gordon Galvan FO Box 3101 San Leandro, CA 94578 Gordon Galvan FO Box 3101	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR CODE (IF COMMITTEE, ALSO ENTER LD. NUMBER) COCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CREEKSIDE ASSOCIATES LLC OTH OTH Director Business Development 100.00 100.00 100.00 100.00 100.00 100.00 Contribution returned FO Box 3101 Consultant Cons

SUBTOTAL \$

 ** Contributor Codes IND - Individual

IND - Individual COM - Recipient Committee (other than PTY or SCC)

OTH - Other

1,100.00

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE A

Schedule	A	(Continuation	on Sl	heet)
Monetary	Co	ntributions	Rece	eived

Statement covers period			CALIFORNIA			
from	07/01/2017	FOR	VI	700	ĺ	
through _	12/31/2017	Page .	5 (of 10		
		I.D. NUMB	ER	 -	=	

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

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	IND	Refunded in subsequent reporting period.	1,000.00	1,000.00	
	PO Box 3101 San Leandro, CA 94578		Galvan & Associates			(
	Refunded in subsequent reporting period.					
11/01/2017	Daniel J. Grace	IND	President	1,000.00	1,000.00	
21,02,202	963 Lee Av San Leandro, CA 94577		Dark Heart Nursery			
	John Oram	IND	Scientist	500.00	500.00	
11/30/2017	2211 Oregon St Berkeley, CA 94705		Bloom Innovations Inc			
						(
12/20/2017	Nancy Pretto	IND	None	500.00	500.00	
12/20/2017	775 Bridge Rd San Leandro, CA 94577		None			
	1					

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

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

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)
09/14/2017	Rental Housing Owners Assoc of So Alameda County 980 9TH ST STE 1430 SACRAMENTO, CA 95814	COM	ID No. 745208	2,500.00	2,500.00	
11/30/2017	TEAMSTERS LOCAL NO. 853 PAC 2100B MERCED STREET SAN LEANDRO, CA 94577	COM	ID No. 1250157	350.00	350.00	

SUBTOTAL \$

2,850.00

Sched	ule	B -	Part	1
Loans	Re	ceiv	red	

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 12/31/2017
 Page
 7 of 10

 I.D. NUMBER

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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		1,500.00		PAID 1500.00	0.00	0.00	1,500.00	CALENDAR YEAR -6,850
1319 Washington Ave 223 San Leandro, CA 94577		2,000.00		FORGIVEN			•	PER ELECTION "
Contributor Code: IND	-				DUE DATE 12/31/2017	INTEREST RATE	DATE INCURRED 11/02/2015	
Ed Hernandez		250.00		PAID	0.00	0.00	350.00	CALENDAR YEAR -6,850
1319 Washington Ave 223		350.00		350.00		0.00	330.00	PER ELECTION **
San Leandro, CA 94577 Contributor Code: IND	-				DUE DATE 12/31/2017	INTEREST RATE	DATE INCURRED 11/13/2015	
Ed Hernandez	:	5 000 00		PAID	0.00	0.00	5,000.00	CALENDAR YEAR -6,850
1319 Washington Ave 223		5,000.00		5000.00		0.00	3,000.00	PER ELECTION ***
San Leandro, CA 94577 Contributor Code: IND	-				DUE DATE 12/31/2017	INTEREST RATE		

	(b)	(c)	(d)	(e)	
SUBTOTALS \$	0.00	6850.00	0.00	0.00	

Schedule B Summary

(Include loans paid by a third party that are also itemized on Schedule A.)

COM - Recipient

** Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

NET \$(7,202.25)

FPPC Form 460 -(JAN/2016)

SCHEDULE B - PART 1

Schedule B - Part 1 (Contin Loans Received	· · · · · · · · · · · · · · · · · · ·					s period 1/2017	CALIFORNIA FORM	460
				t	nrough 12/3	1/2017	Page 8	of 10
NAME OF FILER Ed Hernandez for San	Leandro City Council	2016					I.D. NUMBER 13809	84
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(C) AMOUNT PAIL OR FORGIVEN THIS PERIOD		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Ed Hernandez 1319 Washington Ave 223		352.25	,	PAID 352.2 FORGIVE			352.25	CALENDAR YEAR -6,850
San Leandro, CA 94577 Contributor Code: IND					DUE DATE 12/31/2017	INTEREST RATE	1	

	(b)	(c)	(d)	(e,)	
	(2)	(-/	, ,	• • •	•
SUBTOTALS \$	0.00	352.25	0.00	0.00	,

SCHEDULE D

	Schedule D Summary of Expenditures			State	ment covers perio	d	CALIFORN FORM	^{IA} 460	
Supporti	ing/Opposing Other tes, Measures and Committees			from _ through	07/01/201			9 of 10	
NAME OF FILER	Ed Hernandez for San Leandro City Council	2016					I.D. NUMBER 138	0984	
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	CAL	ATIVE TO DATE ENDAR YEAR N 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/07/2017	Rob Bonta State Assembly Person State District Office District 18	Monetary Contribution Non-Monetary Contribution Independent Expenditure			75.00		325.00	325.00	C
10/06/2017	Gavin Newsom Governor Statewide Office SUPPORT OPPOSE	Monetary Contribution Non-Monetary Contribution Independent Expenditure			100.00		100.00	100.00	(P18
		ŗ				1			- (
			SUBTO	TAL \$	175.00	d	No. of the state o	**************************************	. 5000
 Itemized Unitemized 	e D Summary I contributions and independent expenditures made zed contributions and independent expenditures manufiributions and independent expenditures made this	de this period of und	er \$100				\$_	175. 0. 175.	00

SCHEDULE E

Schedule	E
Payments	Made

Statement covers period **CALIFORNIA FORM** 07/01/2017 from 10 of 10 12/31/2017 Page through I.D. NUMBER 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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary) TEL t.v. or cable production costs PET petition circulating CVC civic donations TRC candidate travel, lodging and meals FIL candidate filing / ballot fees PHO phone banks TRS staff/spouse travel, lodging and meals POL polling and survey research FND fundraising expenses TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditures supporting/opposing others PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet,e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE	CODE or DE	ESCRIPTION OF PAYMENT	AMOUNTPAID
Community Impact Lab	CVC		250.00
101 Estudillo Av San Leandro, CA 94577			
Kenneth Pon CPA	PRO		1,630.05
151 Callan Av 306 San Leandro, CA 94577			
Newsom for California - Governor 2018	СТВ		100.00
465 California St 425 San Francisco, CA 94104 ID No: 1375287			
		SUBTOTAL	\$ 1,980.05

OBTOTAL	
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.)	2,105.05

COVER PAGE CITY (DETSAMOLEAND CALIFORNIA **Recipient Committee FORM Campaign Statement** AUG 07 2017 **Cover Page** age 1 of 10 Statement covers period Date of Election if applicable For Official Use Only 01/01/2017 CITY CLERK'S OFFICE through 06/30/2017 (Month, Day, Year) 2. Type of Statement 1. Type of Recipient Committee Pre-election Statement **Quarterly Statement** Officeholder, Candidate Controlled Committee **Primarily Formed Ballot Measure** Special Odd-Year Statement Semi-Annual Statement Committee State Candidate Election Committee Supplemental Pre-election **Termination Statement** ○ Recall Controlled Statement - Attach Form 495 Amendment Sponsored General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee I.D. Number 1380984 Treasurer(s) 3. Committee Information NAME OF TREASURER COMMITTIEE NAME Kenneth Pon CPA Ed Hernandez for San Leandro City Council 2016 STREET ADDRESS 1319 Washington Ave 223 ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO PO BOX) CITY STATE 94577 510/414-2438 San Leandro 1319 Washington Ave 223 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE 94577 510/414-2438 San Leandro STREET ADDRESS MAILING ADDRESS (IF DIFFERENT) ZIP CODE AREA CODE/PHONE CITY STATE STATE ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS / kponcpa@sprynet.com / 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, 49.5 SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 2, 29.17 By SIGNATURÉ OPONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT FPPC Form 460 -(JAN/2016)

State of California/SI

Recipient Committee (WAJ) WAZ TO YII)
Campaign Statement
Cover Page - Part 2 OITY CLERKS OFFICE

		COV	COVER PAGE - PART 2					
		CALIFO FOR	460					
Sta	tement covers period	Page	2	of 10				
om	01/01/2017							
		1						

through 06/30/2017

5. Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Measure Com	mittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ed Hernandez	•					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISCOUNTY Council Member - District 2 Council Member - District	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTION			SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeholder, ca	andidate or state m	neasure pro	nonent if any
1319 Washington Ave 223 San	Leandro CA 94577		NAME OF OFFICEHOLDER OR CANDIDATE OF		.cabaro pro	ponona n uny.
Related Committees Not Included in this State not included in this statement that are controlled by you receive contributions or make expenditures on behalf of	or are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	*	7.	Primarily Formed Candidate/Officehold List names of officeholder(s)or candidate(s		nittee is prin	narily formed.
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH		
COMMITTEE STREET ADDRESS (NO P.O. BOX)						SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	T OR HELD	
COMMITTEE NAME	I.D. NUMBER	.		5,,,,,,,		SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE ?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
COMMINITIES STREET ADDRESS (NO P.O. BOX)			•			
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	TOR HELD.	SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

Contributions Received 1. Monetary Contributions	352.25 \$ 2,032.25 0.00	\$ \$	Column B CALENDAR YEAR TOTAL TO DATE 1,680.00 7,202.25 8,882.25 0.00 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 \$ \$ \$
Expenditures Made 6. Payments Made	Ψ	<u> </u>	1,327.82	Expenditure Limit Summary
7. Loans Made	0.00	-	0.00	for State Candidates
8. SUBTOTAL CASH PAYMENTS	\$ 1,327.82	\$	1,327.82	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limits)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00		0.00	(ii Subject to Voluntary Experiditure Limits)
10. Nonmonetary Adjustment	0.00		0.00	
11. TOTAL EXPENDITURES MADE	\$ 1,327.82	\$	1,327.82	\$
Current Cash Statement 12. Beginning Cash Balance	·			\$ \$
13. Cash Receipts	2,032.25			Amounts in this Section may be different from amounts reported in Column B.
15. Cash Payments	1,327.82			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,879.35	_		
17. LOAN GUARANTEES RECEIVEDSchedule B, Part 2	\$ 0.00			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 0.00 \$ 7,202.25			FPPC Form 460 -(JAN/2016) State of California/SI

Schedule A **Monetary Contributions Received**

Statement covers period **CALIFORNIA FORM** 01/01/2017 from Page 4 of 10 06/30/2017 through

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

I.D. NUMBER

_						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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	IND	Healthcare VP	200.00	200.00	
	1548 137th Av		Falck Northern CA			
	San Leandro, CA 94578					
02/26/2017	Ballew for Council 2016	СОМ	ID No. 1380105	100.00	100.00	
	2,777 Alvarado St 16					
	San Leandro, CA 94577					,
01/05/2017	Katherine Frates	IND	None	200.00	200.00	
01, 03, 201.	2062 Evergreen Av		None			
	San Leandro, CA 94577					
01/01/2017	Gilbert Murillo	IND	Manager	100.00	100.00	
01/01/2017	1764 Sanger Peak Way		Robert Half International			_
	Antioch, CA 94531					•
		ļ		<u> </u>	I	

Schedule A Summary			** Contributor Codes IND - Individual
Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	1,600.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party
2. Amount received this period - unitemized	4	80.00	SCC - Small Contributor Committee
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	1,680.00	FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC

SUBTOTAL \$

600.00

SCHEDULE A

Schedule A (Continuation Sheet)
Monetary Contributions Received

Stateme	nt covers period	CALIFORNIA 160	
from	01/01/2017	FORM TOU	
through _	06/30/2017	Page 5 of 10	
		I.D. NUMBER	_

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

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)
05/22/2017	San Leandro Chamber of Commerce PAC	СОМ	ID No. 1342837	1,000.00	1,000.00	
	120 Estudillo Av San Leandro, CA 94577					

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 **CALIFORNIA FORM** 01/01/2017 6 of 10 06/30/2017 Page through I.D. NUMBER

NAME OF FILER Ed Hernandez for San Leandro City Council 2016

1380984

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

0.1. d.1. D. O	A Collinator State of the Collinator				(** Co	ontributor Codes		=
	SUBTOTALS \$	(b) 0.00	(c) 0.00	6,850.00	0.00	•	===	
		/h)	(a)	(d)	(e) [=

Schedule	В	Summary
----------	---	---------

1. Loans received this period (Total Column (b) plus uniternized loans of less than \$100.).....

352.25

0.00

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

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.)

Enter the net here and on the Summary Page, Column A, Line 2.

352.25

FPPC Form 460 -(JAN/2016)

SCHEDULE B - PART 1

Schedule B - Part 1 (Continued)						ment cover	s period	CALIFORNIA	460
Loans Received					from	01/0	1/2017	FORM	700
					through	06/3	0/2017	Page 7	of 10
NAME OF FILER Ed Hernandez for San	Leandro City Council	2016						I.D. NUMBER 13809	84
	IF INDIVIDUAL.	(a)	(b)	(c)		(d)	(e)	(f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIVE THIS PERIO	EN	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD INTEREST PAID THIS PERIOD		ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Ed Hernandez				☐ PAID					CALENDAR YEAR
			352.25			352.25		352.25	352
1319 Washington Ave 223				☐ FORGI	_{VEN}				PER ELECTION **
San Leandro, CA 94577						DUE DATE	INTEREST RATE	DATE INCURRED	PERCECONON
Contributor Code: IND					12	/31/2017	0.00 %	01/01/2017	
							<u> </u>		

	(b)	(c)	(d)	(e)	***	
SUBTOTALS \$	352.25	0.00	352.25	0.00		.,, .,,

SCHEDULE D

Suppor	lle D ary of Expenditures ting/Opposing Other ates, Measures and Committees			State from _ through	01/01/201 06/30/201	7	CALIFORN FORM Page	8 of 10	
NAME OF FIL	ER Ed Hernandez for San Leandro City Council	2016				***.	I.D. NUMBER 1.38	0984	
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	CALI	ATIVE TO DATE ENDAR YEAR N 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
06/02/201	Rob Bonta State Assembly Person State District Office District 18 SUPPORT OPPOSE	Monetary Contribution Non-Monetary Contribution Independent Expenditure			250.00		250.00	250.00	(P18)

SUBTOTAL \$ 250.00	 5 kg.
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.). TOTAL	\$ 250.00

1380984

Schedule E Payments Made Statement covers period from 01/01/2017 01/01/2017 Page 9 of 10 NAME OF FILER Ed Hernandez for San Leandro City Council 2016 LD. NUMBER

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary) CVC civic donations FIL candidate filing / ballot fees FND fundraising expenses IND independent expenditures supporting/opposing others LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg PRT print ads	es RFI SAI TEI TR: Tch TR: ssenger services TSI sal. accounting) VO	D radio airtime and production costs D returned contributions L campaign workers' salaries L t.v. or cable production costs C candidate travel, lodging and meals staff/spouse travel, lodging and me f transfer between committees of th voter registration B information technology costs (interr	als e same can	didate/sponsor
NAME AND ADDRESS OF PAYEE	CODE of	r DESCRIPTION OF PAYME	NT		AMOUNTPAID
Rob Bonta for State Assembly 2018 1005 12th St H Sacramento, CA 95814 ID No: 1392389	СТВ				250.00
Davis Street Family Resource Center 3081 Teagarden St San Leandro, CA 94577	cvc		14.00		250.00
NationBuilder 520 S Grand Av 200 Los Angeles, CA 90071	WEB				226.20
			SUBTO	TAL\$	726.20
Schedule E Summary 1. Itemized payments made this period. (Include all S	Schedule E subtotals.)			\$	1,201.77
 Unitermized payments made this period of under \$1 	·			<u></u>	126.05
3. Total interest paid this period on loans. (Enter amo				. \$	0.00
4. Total payments made this period. (Add Line 1, 2, a					1,327.82
			FF	PPC Form 4	60 -(JAN/2016)

SCHEDULE E

Schedule E (Continuation Sheet) Payments Made	Stateme	ent covers period	CALIFORNIA 460
	from	01/01/2017	FORM TOU
	through	06/30/2017	Page 10 of 10
NAME OF FILER Ed Hernandez for San Leandro City Council 2016			I.D. NUMBER 1380984

COD	ES: If one of the following accurately describes	the p	payment, you may enter the code.	Otherwis	e, de	escribe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		RAD	radio airtime and production costs
	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			t.v. or cable production costs
FIL	candidate filing / ballot fees	PHO	phone banks			candidate travel, lodging and meals
FND	fundraising expenses		polling and survey research		TRS	staff/spouse travel, lodging and meals
IND	independent expenditures supporting/opposing others		postage, delivery and messenger services			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
NationBuilder	WEB	225.57
520 S Grand Av 200 Los Angeles, CA 90071		
San Leandro Education Foundation	cvc	250.00
14735 Juniper St San Leandro, CA 94579		

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ir	ık.	CITY OF SAN LE	ANDRO 2	COVER PAGE LIFORNIA 001/02 FORM
Type of Recipient Committee: All Committee: Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Statement covers period from01/01/2017 through06/30/2017 tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	Date of election if applicable: (Month, Day, Year) 2. Type of Stateme Pre-election State Semi-annual State Termination State Amendment (Expl.	ment ement ment	Quarter Special Suppler	1 / 9 For Official Use Only Ply Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Information 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	I.D.NUMBER 1380984	Treasurer(s) NAME OF TREASURER Kenneth Pon CPA MAILING ADDRESS 1319 Washington Ave 223	3		
CITY STATE ZIP COL San Leandro CA 94577 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP COL	510/414-2438 DOX	CITY San Leandro NAME OF ASSISTANT TREASU MAILING ADDRESS	STATE CA IRER, IF ANY	ZIP CODE 94577	AREA CODE/PHONE (510) 414-2438
OPTIONAL: FAX/E-MAIL ADDRESS () - kponcpa@spry	rnet.com	OPTIONAL: FAX/E-MAIL ADDRE	ESS	zip code cpa@sprynet.	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjury Executed on 07/29/2017 By Ke	reviewing this statement and to the y under the laws of the State of Cal nneth Pon CPA	fornia that the foregoing is true	rmation contained he and correct.	rein and in the	e attached schedules

Executed on_	07/29/2017	Ву	Kenneth Pon CPA
Executed on_	07/29/2017 DATE	Ву	SIGNATURE OF TREASURER ON ASSISTANT TREASURER Ed Hernandez 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

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA 460
FORM
2/9

NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Sought: City Council Member City City of San L			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY			Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.
1319 Washington Ave 223 Sar	Leandro CA 94577		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PF	ROPONENT		·
Related Committees Not Included in this States not included in this statement that are controlled by you or are procontributions or to make expenditures on behalf of your candidate.	imarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	D.NUMBER	7.	Primarily Formed C		List names	of officeholder(s) or candidate(s) fo
NAME OF TREASURER C	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP COI	DE AREA CODE/PHONE						☐ OPPOSE
COMMITTEE NAME	D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT ☐ OPPOSE
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX			Attach	continuation	sheets if nec	essary	<u> </u>

· Page

Campaign Disclosure	e Statement
Summary Page	¥

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

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

SUMMARY PAGE

from	FORM	460
through	3/9	
	I.D. NUMBER	
	4000004	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ed Hernandez for San Leandro City Council 2016 l 1380984 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD ~ CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1680.00 1680.00 \$ 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 352.25 7202.25 Loans Received Schedule B. Line 7 20. Contribution 8882.25 2032.25 SUBTOTAL CASH CONTRIBUTIONS..... 0.00 Add Lines 1 + 2 0.00 \$ Received 0.00 0.00 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 0.00 8882.25 0.00 s 2032.25 * \$ Made TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 1327.82 \$ 1327.82 6. Payments Made Schedule E. Line 4 0.00 ~ 0.00 22. Cumulative Expenditures Made* Loans Made Schedule H. Line 7 (If Subject to Voluntary Expenditure Limit) 1327.82 1327.82 \$ SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 0.00 0.00 Date of Election Total to Date 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 10. Nonmonetary Adjustment 0.00 0.00 Schedule C, Line 3 1327.82 1327.82 s 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 2174.92 To calculate Column B, add Previous Summary Page, Line 16 12. Beginning Cash Balance amounts in Column A to the 2032.25 13. Cash Receipts Column A. Line 3 above corresponding amounts from Column B of your last 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 report, Some amounts in 1327.82 Column A may be negative 15. Cash Payments Column A. Line 8 above figures that should be 2879.35 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.0017. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** *Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. 0.00 18. Cash Equivalents See instructions on reverse 7202.25

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

Schedule	A	Тур	e or print in ink. Its may be rounded		· · · ·	SCHEDULE
Monetary	Contributions Received		whole dollars.	Statement cov	ers period	CALIFORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			through		4/9
NAME OF FILER				1		I.D. Number
Ed Hemandez	for San Leandro City Council 2016					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 D CALENDAR YEA (JAN. 1 - DEC. 31	IR TO DATE
Rcpt Dt: 01/05/2017	Tom Baker 1548 137th Av San Leandro CA 94578 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Healthcare VP Falck Northern CA	200.00	200.	
Rcpt Dt: 02/26/2017 **	Ballew for Council 2016 2777 Alvarado St 16 San Leandro CA 94577 ID: 1380105	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.	00
Rept Dt: 01/05/2017	Katherine Frates 2062 Evergreen Av San Leandro CA 94577	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None ;	200.00	200.	00
Rept Dt: 01/01/2017	Gilbert Murillo 1764 Sanger Peak Way Antioch CA 94531 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager * Robert Half Internationa-	100.00	100.	.00
Rcpt Dt: 05/22/2017	San Leandro Chamber of Commerce PAC 120 Estudillo Av 57 San Leandro CA 94577 ID: 1342837	IND COM OTH PTY SCC	•	1000.00	1000.	.00

Schedule A Summary

Amount received this period - contributions of \$100 or more. (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. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	1680.00

*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

Onlandada D. David	Type or print in ink.			SCHEDULE B - PART 1				
Schedule B – Part 1 Loans Received	Amounts may be rounded Statement covers period			CALIFORNI FORM	[^] 460.			
SEE INSTRUCTIONS ON REVERSE					through		5/9	
	20046						I.B. NOMBER	
Ed Hernandez for San Leandro City Counci	2016						1380984	
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
				PAID				CALENDAR YEAR
Ed Hernandez 1319 Washington Ave 223				\$0.00	\$1500.00	0.00_ %	\$1500.00	\$ 352.25 PER ELECTION**
San Leandro CA 94577				FORGIVEN				
ID: `		\$1500.00	\$0.00	\$	12/31/2017	\$	11/02/2015	
☑IND ☐COM☐OTH☐PTY☐SCC					DATE DUE	ł	DATE INCURRED	
Ed Harrandan				PAID				CALENDAR YEAR
Ed Hernandez 1319 Washington Ave 223				\$0.00	\$350.00	0.00 %	\$350.00	\$352.25 PER ELECTION**
San Leandro CA 94577		350.00	0.00	FORGIVEN 0.00	12/31/2017	0.00	11/13/2015	
☑IND ☐COM☐OTH☐PTY☐SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	
W. A. W. W.				PAID				CALENDAR YEAR
Ed Hernandez 1319 Washington Ave 223				\$0.00	\$ 5000.00	0.00 %	\$5000.00	\$352.25
San Leandro CA 94577				FORGIVEN		RATE		PER ELECTION**
ID:		\$ 5000.00	\$0.00	\$0.00	12/31/2017	\$0.00	12/20/2016	
☑IND ☐COM☐OTH☐PTY☐SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary							(Enter (e) on	
Loans received this period Total Column (b) plus unitemized loans	less than \$100.)				. \$	352.25	Schedule E, Line 3)	,
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)			. \$	0.00	* Amounts forg another party a reported on Sc	iven or paid by ilso must be hedule A.
Net change this period. (Subtract Lin Enter the net here and on the Summary				N	let \$ (may be a no	352.25 egative number)	** If required.	

PTY-Political Party

SCC-Small Contributor Committee

OTH-Other

*Contributor Codes IND-Individual C

COM-Recipient Committee (other than PTY or SCC)

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

Sched	ule B –	Part 1
Loans	Receiv	red

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

Type or print in ink.

	SCHEDULE B - PART 1
Statement covers period	CALIFORNIA 460
	FORM TUU

FPPC Toll-Free Helpline: 866/ASK-FPPC

Loans Received		Amounts may be rounded to whole dollars.			from		FORM 460	
SEE INSTRUCTIONS ON REVERSE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	through		6/9	
NAME OF FILER							I.D. NUMBER	
Ed Hernandez for San Leandro City Counci	1 2016						1380984	
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 1319 Washington Ave 223 San Leandro CA 94577				\$ 0.00	\$352.25	0.00 %	\$ 352.25	\$ 352.25 PER ELECTION**
ID:		\$	\$352.25	\$0.00	12/31/2017 DATE DUE	\$0.00	01/01/2017 DATE INCURRED	

SUBTOTALS \$ 0.00 \$ 352.25 \$ 7202.25 \$ 0.00 (Enter (e) on **Schedule B Summary** Schedule E, Line 3) 1. Loans received this period. (Total Column (b) plus unitemized loans less than \$100.) * Amounts forgiven or paid by another party also must be reported on Schedule A. 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 \$ ** If required. (may be a negative number) Enter the net here and on the Summary Page, Column A, Line 2. *Contributor Codes FPPC Form 460 (JAN/05)

PTY-Political Party

OTH-Other

SCC-Small Contributor Committee

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through		7/9		
NAME OF FILER Ed Hernande	z for San Leandro City Council 2016		,	den			UMBER	
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE CALENDAR \ JAN.1 - DEC.	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
06/02/2017	Rob Bonta State Assembly Person Assembly District	Monetary Contribution		250.00		250.00	250.00 P 1	
	Assembly District	Non-Monetary Contribution						
	District No: 18 区 Support ☐ Oppose	Independent Expenditure						
	÷			5		Leg		
			SUBTOTAL	L \$ 250.00		*5	/m.	
1. Contribut	D Summary tions and independent expenditures made this period ed contributions and independent expenditures mad						0.00	

chedule E Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through	8/9
NAME OF FILER				I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes to	the payment, you r	nay enter the code. Othe	erwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	d appearances ses alating s	RAD radio airtime and produ RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration WEB information technology	aries I production costs Ig, and meals ging, and meals nittees of the same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rob Bonta for State Assembly 2018 1005 12th St H	ID: 1392389	СТВ		250.00
Sacramento CA 95814				
Davis Street Family Resource Center 3081 Teagarden St	ID:	CVC		250.00
San Leandro CA 94577				
NationBuilder 520 S Grand Av 200	ID:	WEB		226.20
Los Angeles CA 90071	**********		<u> </u>	
* Payments that are contributions or independent expenditures must a	also be summarized o	n Schedule D.	S	SUBTOTAL \$
Schedule E Summary	· · · · · · · · · · · · · · · · · · ·			
Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)		\$1201.77

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).)

126.05

1327.82

0.00

				SCHEDULE E
Schedule E Payments Made Type or print in ink. Amounts may be rounded to whole dollars.		its may be rounded	Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	9/9
NAME OF FILER				I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes to CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	MBR member cor MTG meetings an OFC office expen PET petition circl PHO phone bank POL polling and s POS postage, de	mmunications nd appearances ises ulating s	RAD radio airtime and product returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and product candidate travel, lodging, staff/spouse travel, lodging	es production costs and meals ng, and meals tees of the same candidate/sponsor
NationBuilder 520 S Grand Av 200	ID:	WEB		225.57
Los Angeles CA 90071 San Leandro Education Foundation 14735 Juniper St	ID:	cvc		250.00
San Leandro CA 94579				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	1201.77
Schedule E Summary		"
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$ <u></u>	
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 \$	

COVER PAGE FORNIA 11/02 460
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1 / 14
or Official Use Only
Statement odd-Year Report ental Preelection it - Attach Form 495
-
AREA CODE/PHONE (510) 895-2011
AREA CODE/PHONE
om
attached schedules

Recipient Committee CITY OF SAN FANDRO Type or print in ink. **Campaign Statement** (Government Code Sections 84200-84216.5) JAN 3 1 2017 Date of election if applicable: Statement covers period (Month, Day, Year) CITY CLERK'S OFFICE 10/23/2016 12/31/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. □ Pre-election Statement X Officeholder, Candidate Controlled Committee **Ballot Measure Committee** ☐ Quarterly O State Candidate Election Committee O Primary Formed Semi-annual Statement Special O O Controlled O Recall Termination Statement Suppleme O Sponsored (Also Complete Part 5.) Statemer Amendment (Explain below) General Purpose Committee (Also Complete Part 6.) O Sponsored Primary Formed Candidate/ Officeholder Committee O Small Contributor Committee (Also Complete Part 7.) O Political Party/Central Committee I.D.NUMBER Treasurer(s) 3. Committee Information 1380984 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Kenneth Pon CPA Ed Hernandez for San Leandro City Council 2016 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) 151 Callan Ave 306 151 Callan Ave 306 ZIP CODE CITY STATE AREA CODE/PHONE ZIP CODE CITY STATE 94577 CA San Leandro 510/895-2011 CA San Leandro 94577 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS (510) 895-2018 kponcpa@sprynet.com OPTIONAL: FAX/E-MAIL ADDRESS (510) 895-2018 kponcpa@sprynet.co 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 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. Pon CPA 01/31/2017 Kenneth Executed on DATE 01/31/2017 Executed on_ SIGNATURE OF CONTROLLING OFFICEHOLDER DATE Executed on_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

DATE

Executed on_

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

CALIFORNIA 460

2/14

Recipient Committee 10 70 Campaign Statement Cover Page — Part 25 18 4A

NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND Sought: City Council Member City City	DISTRICT NUMBER IF APPLICABLE) of San Leandro 2	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET		Identify the controlling offi	ceholder, candi	idate, or state measure pr	oponent, if any.
151 Callan Ave 306	San Leandro CA 94577	NAME OF OFFICEHOLDER, C.	ANDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by you contributions or to make expenditures on behalf of you	ou or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima		List names of officehold	ier(s) or candidate(s) fo
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	☐ SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE				☐ OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT ☐ OPPOSE
NAME OF TREASURER *	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)			<u> </u>	
CITY STATE	ZIP CODE AREA CODE/PHONE	⊸. Atta	ch continuation	sheets if necessary	<u>*</u>

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from	CALIFORNIA 460		
through	3 / 14		
	I.D. NUMBER		

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ed Hernandez for San Leandro City Council 2016 1380984 **Calendar Year Summary for Candidates** Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 30374.00 10269.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 5000.00 6850.00 Loans Received Schedule B. Line 7 20. Contribution 37224.00 15269.00 ი იძ SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 0.00 \$ Received 3316.10 0.00 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 0.00 0.00 s 15269.00 40540.10 Made TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** Candidates 40149.08 15828.14 s Payments Made Schedule E, Line 4 0.00 0.00 22. Cumulative Expenditures Made* Loans Made Schedule H. Line 7 (If Subject to Voluntary Expenditure Limit) 15828.14 \$ 40149.08 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 0.00 0.00 Date of Election Total to Date Accrued Expenses (Unpaid Bills) Schedule F. Line 3 (mm/dd/yy) 0.00 3316.10 10. Nonmonetary Adjustment Schedule C. Line 3 15828.14 . \$ 43465.18 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 2734.06 To calculate Column B, add Previous Summary Page, Line 16 12. Beginning Cash Balance amounts in Column A to the 15269.00 13. Cash Receipts Column A, Line 3 above corresponding amounts from Column B of your last 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 15. Cash Payments 15828.14 Column A, Line 8 above Column A may be negative ~ figures that should be 2174.92 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$_ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** *Since January 1, 2001. Amounts in this section may be any). different from amounts reported in Column B. 0.00 18. Cash Equivalents See instructions on reverse 6850.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Type or print in ink.

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Monetary Contributions Received			to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			4 / 14	
NAME OF FILER						I.D. No	umber	
Ed Hernandez	for San Leandro City Council 2016		<u> </u>	····	· ·	1380	984	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 11/03/2016	Diego Barragan 1044 S 9th St San Jose CA 95112 ID:	IND COM OTH PTY SCC	Consultant Diego Barragan Consultant	100.00	10	00.00		
Rcpt Dt: 11/30/2016	Bay Area Citizens PAC 6363 Christie Ave 2616 Emeryville CA 94608 ID: 1346828	IND IND OTH PTY SCC		500.00	50	00.00		
Rept Dt: 12/16/2016	Rob Bonta for Assembly 2016 1787 Tribute Rd K Sacramento CA 95815 ID: 1373426	☐ IND 区 COM ☐ OTH ☐ PTY ☐ SCC		500.00	50	00.00		
Rcpt Dt: 11/17/2016	Sandra Bugna 9955 Windsor Way San Ramon CA 94583 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	200.00	20	00.00	¢	
Rcpt Dt: 10/25/2016	CALIFORNIA REAL ESTATE POLITICAL ACT 525 S. VIRGIL AVENUE LOS ANGELES CA 90020 ID: 890106	IND FION COMMITTEEMCF OTH PTY SCC	BEPAC)	600.00	60	, 00.00		
			SUBTOTAL	\$				
Schedule A 1. Amount rec (Include all	A Summary eived this period - contributions of \$100 or monopole A subtotals.)	ore.	\$ <u>_</u>		IN			
2. Amount rec	eived this period - unitemized contributions o	f less than \$100	\$	444.00	OTH-Other		r	
3. Total mone	tary contributions received this period.			10269.00			ical Party Il Contributor Committee	

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

Schedule	A	Тур	e or print in ink.				SCHEDULE A
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through		***	5 / 14
NAME OF FILER	for San Leandro City Council 2016					I.D. Nu 1380	
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 CALENDAR YE (JAN. 1 - DEC.	DATE	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/08/2016	Maurice Chatman 133 Thousand Oaks St Oakland CA 94605 ID:	X IND COM OTH PTY SCC	Professional Photographer Maurice Chapman Photography	100.00	100	0.00	(
Rcpt Dt: 11/04/2016	John Chovanes 2086 Hillside Dr San Leandro CA 94577 ID:	X IND COM OTH PTY SCC	Realtor/Property Manager Robert Jones & Associate-s	100.00	100	0.00	
Rcpt Dt: 10/30/2016	Creekside Associates LLC 1221 Bridgeway 1 Sausalito CA 94965 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	3500	0.00	
Rcpt Dt: 11/08/2016	eConsignment 323 Steven Cir Benicia CA 94510 ID:	IND COM OTH PTY SCC		250.00	500	0.00	
Rcpt Dt: 10/30/2016	Gerald Garcia 16171 Lyle St San Leandro CA 94578 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent State Farm Insurance	100.00	10	0.00	
			SUBTOTAL	\$	4	· · · · ·	The state of the s

Schedule A Summary

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)\$

- 2. Amount received this period unitemized contributions of less than \$100\$

\sim	ntrih	utor	Cod	20

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule	Α	
Monetary	Contributions	Received

Type or print in ink.

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Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			6 / 14	
NAME OF FILER				-		I.D. Nu	mber	
Ed Hernandez	for San Leandro City Council 2016				<u> </u>	1380	984	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/21/2016	John Gooding 6363 Christie St Emeryville CA 94662 ID:	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Milo Group	500.00	50	0.00		
Rcpt Dt: 10/27/2016	David Greenberg 3186 East Av Hayward CA 94541 ID:	IND COM OTH PTY SCC	RN Lifelong Medical	100.00	35	50.00		
Rcpt Dt: 12/28/2016	Int'l Assn of Firefighters Local 55 PAC 369 15th St Oakland CA 94612 ID: 1320251	IND X COM OTH PTY SCC		500.00	50	00.00		
Rcpt Dt: 11/03/2016	Martin Kaufman 320 Lee St 1101 Oakland CA 94610	IND COM OTH PTY SCC	Manager Core Security Solutions	750.00	75	50.00		
Rcpt Dt: 10/25/2016	Charles E. Knapp 888 San Clemente Dr Ste 100 Newport Beach CA 92660 ID:	X IND COM OTH PTY SCC	Principal Integral Communities	500.00	50	00.00		
			SUBTOTAL	\$				
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less				IN Co	ID - Indivi OM - Reci	pient Committee er than PTY or SCC)	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.) TOTAL \$ _		1		Contributor Committee	

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

Schedule	Α	
Monetary	Contributions	Received

Type or print in ink.

SCHEDUL	Ε	Α
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Monetary Contributions Received			to whole dollars.		CALIFORNIA FORM		ORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through		7	7 / 14
NAME OF FILER				<u> </u>		I.D. Nun	nber
Ed Hernandez	for San Leandro City Council 2016					13809	84
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/08/2016	Christopher Langsdale 14333 Cypress St San Leandro CA 94579 ID:	IND COM OTH PTY SCC	Environmental Specialist Cummins Pacific LLC	100.00	10	0.00	
Rcpt Dt: 10/25/2016	Craig Manchester 888 San Clemente Dr Ste 100 Newport Beach CA 92660 ID:	IND COM OTH PTY SCC	Managing Partner Intetral Communities	500.00	500.00		
Rcpt Dt: 11/04/2016	Art May 844 Northvale Rd Oakland CA 94610 ID:	IND COM OTH PTY SCC	Principal/Developer Keystone Development Group	75.00	27	5.00	
Rcpt Dt: 11/17/2016	Jennifer Nguyen 1919 Webster St Alameda CA 94501 ID:	IND COM OTH PTY SCC	Restaurateur Pho Anh Dao	500.00	50	0.00	
Rcpt Dt: 11/17/2016	Maurice Quiroz 834 Fulton Av San Leandro CA 94577 ID:	X IND COM OTH PTY SCC	Attorney Fenwick & West	200.00	20	0.00	(
			SUBTOTAL	\$	3 7 14 7		
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less				INI CC OT		lual sient Committee or than PTY or SCC)
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ _				Contributor Committee

Schedule A

Type or print in ink.

SCHEDULE A

Monetary (Monetary Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through		8 / 14	
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016					D. Number 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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE	
Rcpt Dt: 12/16/2016	Rental Housing Owners Assoc of So Alameda County 980 9TH ST STE 1430 SACRAMENTO CA 95814 ID: 745208	IND IND COM OTH PTY SCC		500.00	1000.0	0	
Rept Dt: 12/05/2016	San Leandro Police Officers' Association PAC 901 E 14th St San Leandro CA 94577 ID: 1332467	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.0	0	
Rcpt Dt: 10/25/2016	John Stanek 888 San Clemente Dr Ste 100 Newport Beach CA 92660	IND COM OTH PTY	Principal Integral Communities	500.00	500.0	0	
Rcpt Dt: 10/27/2016	Stacey Tingstrom 1111 MacArthur Bl San Leandro CA 94577 ID:	IND COM OTH PTY SCC	Business Owner Cordial Bottle Shop	50.00	150.0	0	
Rept Dt: 11/17/2016	Stacey Tingstrom 1111 MacArthur Bl San Leandro CA 94577 ID:	IND COM OTH PTY	Business Owner Cordial Bottle Shop	100.00	150.0	00	
			SUBTOTAL	\$			
(Include all	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less t				IND -	ibutor Codes Individual - Recipient Committee (other than PTY or SCC) Other	
3. Total monet	ary contributions received this period. 1 and 2 Enter here and on the Summary Page. Co					Political Party Small Contributor Committee	

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

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Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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Ctatament seven period	
Statement covers period	CALIFORNIA 460
	OUT OF THE
	I FORM TO

SCHEDULE A

from	FORM 460
through	9 / 14
	I.D. Number

Ed Hernandez for San Leandro City Council 2016 1380984 **CUMULATIVE TO DATE** PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE AND ZIP CODE OF CONTRIBUTOR CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED (JAN. 1 - DEC. 31) (IF REQUIRED) PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ⊠ IND □ COM 500.00 500.00 Rcpt Dt: 10/27/2016 Principal Lance Waite 2235 Encinitas Blvd 216 COM OTH Integral Communities PTY 92024 Encinitas CA SCC

	SUBTOTAL \$	9825.00	A A A
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100	\$	 	OTH- Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		SCC-Small Contributor Committee

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

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

SCHEDULE B - PART 1 CALIFORNIA ACO Statement covers period

Loans Received			to whole dollars.		from		FORM	* 400
SEE INSTRUCTIONS ON REVERSE					through		10 / 14	4
NAME OF FILER							I.D. NUMBER	
Ed Hernandez for San Leandro City Counci	I 2016						1380984	% ./4
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 151 Callan Ave 306				□ PAID \$ 0.00	\$1500.00	0.00 %	\$1500.00	\$ 5000.00 PER ELECTION**
San Leandro CA 94577 ID: ⊠IND □ COM □ OTH □ PTY □ SCC		\$1500.00	\$0.00	FORGIVEN	DATE DUE	\$0.00	11/02/2015 DATE INCURRED	
Ed Hernandez 151 Callan Ave 306				PAID \$ 0.00	\$ 350.00	0.00 %	\$350.00	\$ 5000.00 PER ELECTION**
San Leandro CA 94577 ID: XIND COM OTH PTY SCC		\$350.00	\$0.00	FORGIVEN 0.00	DATE DUE	\$0.00	11/13/2015 DATE INCURRED	
Ed Hernandez 151 Callan Ave 306				\$	\$5000.00	0.00 %	\$5000.00	\$ 5000.00 PER ELECTION**
San Leandro CA 94577 ID: X IND COMCOTH PTY SCC		\$0.00	\$5000.00	\$ 0.00	12/31/2017 DATE DUE	\$0.00	12/20/2016 DATE INCURRED	
		SUBTOTALS	\$ 5000.00	\$ 0.00	\$ 6850.00	\$ 0.00		<u> </u>
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	a loce than \$100 \				_ \$	5000.00	(Enter (e) on Schedule E, Line 3)	, and
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)	dule A.)	· · · · · · · · · · · · · · · · · · ·		_ \$ <u>~</u>	0.00	* Amounts for another party reported on So	given or paid by also must be chedule A.
3. Net change this period. (Subtract Lir Enter the net here and on the Summary					Net \$	5000.00 egative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC)	OTH-Other PT	Y-Political Party	SCC-Small Co	ontributor Committe	e _ FPP(FPPC I Toll-Free Helplir	Form 460 (JAN/05 ne: 866/ASK-FPPC

FPPC Toll-Free Helpline: 866/ASK-FPPC

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SCHEDULE E Schedule E Type or print in ink. Statement covers period **CALIFORNIA** 7 Amounts may be rounded **Payments Made** FORM . to whole dollars. from. 11 / 14 through _ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF EILER Ed Hernandez for San Leandro City Council 2016 1380984 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POL transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, email) PRT print ads .~ LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4000.00 LIT ID: Gloria Ritchie and Associates LLC 43531 Ellsworth St CA 94539 Fremont 4000.00 IIT ID: Gloria Ritchie and Associates LLC 43531 Ellsworth St Fremont CA 94539 2500.00 CNS ID: Gloria Ritchie and Associates LLC 43531 Ellsworth St CA 94539 Fremont **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$\frac{15778.14}{2}\$. Unitemized payments made this period of under \$100. \$\frac{50.00}{0.00}\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$\frac{0.00}{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.) \$\frac{15828.14}{0.00}\$

				SCHEDULE	
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	california 460	
SEE INSTRUCTIONS ON REVERSE			through	12 / 14	
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016				1380984	
CODES: If one of the following codes accurately describes t	he payment, you	may enter the code. Oth	nerwise, describe the payment.		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses culating ks	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and pTRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology c	es production costs and meals ng, and meals tees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	LIT		4328.20	
Fremont CA 94539 Paypal 2211 N First St	ID:	OFC		45.43	
San Jose CA 95131					
Paypal 2211 N First St	ID:	OFC		14.80	
San Jose CA 95131					
* Payments that are contributions or independent expenditures must a	ilso be summarized o	on Schedule D.	SU	BTOTAL\$	

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 \$ ______

						SCHEDUL	LΕ
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Stater from	nent covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through .		_ 13 / 14	
NAME OF FILER						I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016						1380984	
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office exper PET petition circl PHO phone bank POL polling and a POS postage, de	mmunications nd appearance nses ulating ss survey researc	s ch senger services	RAD r RFD r SAL c TEL t TRC c TRS s TSF t	adio airtime and produce turned contributions ampaign workers' salary. or cable airtime and tandidate travel, lodging taff/spouse travel, lodg	ries production costs a, and meals ing, and meals ittees of the same candidate/spor	ns
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR I	DESCRIPTION OF I	PAYMENT :	AMOUNT PAID)
Paypal 2211 N First St	ID:	OFC !				3.2	20
San Jose CA 95131		İ					
Paypal 2211 N First St	ID:	OFC				25.2	25

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 \$

OFC

٢

ID:

CA 95131

CA 95131

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

San Jose

San Jose

Paypal 2211 N First St

SUBTOTAL \$

13.95

		ž.	48	43
M. A.	٩	ŧ	7/	_

				SCHEDULE E	
Schedule E Payments Made	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from	california 460	
SEE INSTRUCTIONS ON REVERSE			through	14 / 14	
NAME OF FILER				I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016				1380984	
CODES: If one of the following codes accurately describes t	he payment, you r	may enter the code. Oth	nerwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, del	d appearances ses ulating	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging TRS staff/spouse travel, lodging transfer between commit VOT voter registration WEB information technology of	ies production costs , and meals ng, and meals ttees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Paypal 2211 N First St	ID: ,	OFC		16.55	
San Jose CA 95131					
San Leandro Times 2060 Washington Av	ID: ,	> PRT		830.70	
San Leandro CA 94577					
				*	

Payments that are contributions or independent expenditures must also be summarized on Schedule D.		15778.14
Schedule E Summary	e- 4	π
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 \$	

_						(OVER PAGE
Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in	ink.	CITY OP SANDE	ANDRO	CALIFORNIA 2001/02 FORM	460
(00)	Similar 3000 00000 04200 04210.0)			OCT 2720)16		
		Statement covers period from 09/25/2016	Date of election if applicable: (Month, Day, Year)	CITY CLERK'S O	FFICE	1 / 11 For Official U	se Only
SEE IN	STRUCTIONS ON REVERSE	through 10/22/2016					
1.	Type of Recipient Committee: All Com	mittees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	ent:			
	Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	□ Pre-election State □ Semi-annual State □ Termination State □ Amendment (Expl	ement ment	☐ Spe	arterly Stateme ecial Odd-Year pplemental Pred atement - Attach	Report election
	Committee Information	I.D.NUMBER 1380984	Treasurer(s)				
Ē	OMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT Ed Hernandez for San Leandro City Council 2016	TEE	NAME OF TREASURER Kenneth Pon CPA				
	TREET ADDRESS (NO P.O. BOX) 51 Callan Ave 306		MAILING ADDRESS 151 Callan Ave 306				<u> </u>
5	San Leandro CA 945		CITY San Leandro NAME OF ASSISTANT TREASU	STATE CA	ZIP CODE 94577		CODE/PHONE 895-2011
N	IAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	O. BOX					7.
C	STATE ZIP	CODE AREA CODE/PHONE	MAILING ADDRESS				
	PTIONAL: FAX/E-MAIL ADDRESS 510) 895-2018 kponcpa@s	prynet.com	CITY	STATE	ZIP CODE	E AREA	CODE/PHONE
,			OPTIONAL: FAX/E-MAIL ADDRE (510) 895-2018	ESS kpon	ncpa@spry	ynet.com	
i	DATE Executed on 10/27/2016 By		alifornia that the foregoing is true	and correct.	erein and i	in the attached	schedules

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on_

Executed on_

DATE

DATE

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

2/11

Officeholder or Candidate Controlled	d Committee	6. Ballot Meas	ıre Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez		NAME OF BALLOT N	EASURE \		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Sought: City Council Member City City of Sa	RICT NUMBER IF APPLICABLE) an Leandro 2	BALLOT NO. OR LE	TER JURISDICTION	ON [2	SUPPORT OPPOSE
	CITY STATE ZIP	Identify the contro	lling officeholder, cand	lidate, or state measure prop	onent, if any.
151 Callan Ave 306	San Leandro CA 94577	NAME OF OFFICEH	DLDER, CANDIDATE, OR F	ROPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your can	are primarily formed to receive	OFFICE SOUGHT O	RHELD	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D.NUMBER		rmed Committe e is primarily formed.	E List names of officeholder	(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX) P CODE AREA CODE/PHONE	_	DLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
JIY STATE ZIF	CODE AREA CODE/FRONE				
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER 7	CONTROLLED COMMITTEE?	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	.BOX)			<u> </u>	
CITY STATE ZIF	CODE AREA CODE/PHONE	<u> </u>	Attach continuation	n sheets if necessary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Type or print in ink.

* Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA 460
from	FORM TOO
45	3/11

SEE INSTRUCTIONS ON REVERSE		through		3/11
NAME OF FILER Ed Hernandez for San Leandro City Council 2016				I.D. NUMBER 1380984
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		Summary for Candidates h the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5667.00 0.00 \$ 5667.00 0.00 5667.00	3316.10		1 through 6/30 7/1 to Date 0.00 \$ 0.00 0.00 \$ 0.00
Expenditures Made 6. Payments Made	\$ 5612.05 0.00 \$ 5612.05 0.00 0.00 \$ 5612.05	0.00 \$ 24320.94 0.00 3316.10	Candidates 22. Cumu	nit Summary for State lative Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 2679.11 5667.00 0.00 5612.05 \$ 2734.06 \$ 0.00	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, 20	\$
18 Cash Equivalents and Oddstanding Dobts See instructions on reverse	\$ 0.00			nts reported in Column B.

1850.00

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

Schedule A Monetary	edule A Type or print in ink. Amounts may be rounded to whole dollars.		nts may be rounded	Statement cover	ers period	CALI F	SCHEDULE FORNIA 460 ORM
SEE INSTRUCTION	NS ON REVERSE			through			4/11
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016			t.	:	I.D. No	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/14/2016	Tom Baker 1548 137th Av San Leandro CA 94578 ID:	IND COM OTH PTY SCC	Healthcare VP Falck Northern CA	250.00	250	0.00	
Rcpt Dt: 10/14/2016	Mark C. Butler 1365 Chesteron Way Walnut Creek CA 94596 ID:	X IND COM OTH PTY SCC	Land Developer . Integral Communities	500.00	50	0.00	
Rcpt Dt: 10/22/2016	Jeffrey S. Falero 1611 138th Av San Leandro CA 94578 ID:	IND COM OTH PTY	Engineer AEPC Group LLC	50.00	150	0.00	
Rcpt Dt: 09/28/2016	Jeffrey S. Falero 1611 138th Av San Leandro CA 94578 ID:	IND COM OTH PTY SCC	Engineer AEPC Group LLC	100.00	15	0.00	
Rcpt Dt: 09/28/2016	Gail Greenberg 8097 Olympic Ct Newark CA 94560 ID:	IND COM OTH PTY SCC	None	150.00		0.00	
			SUBTOTAL	\$	34 Same 34 Same		
	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$	5010.00	*Co	ontributo O - Indiv	r Codes

2. Amount received this period:- unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

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

OTH-Other

657.00

5667.00

(other than PTY or SCC)

PTY - Political Party SCC - Small Contributor Committee

chedule / lonetary (A Contributions Received	Amour	e or print in ink. nts may be rounded whole dollars.	Statement cov	ers period		SCHEDULE FORNIA 460
				from		'	ORM TOO
E INSTRUCTION	NS ON REVERSE			through			5/11
AME OF FILER d Hernandez	for San Leandro City Council 2016					I.D. Nu 1380	
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/05/2016	Jeniffer Hernandez 8171 Inspiration Dr Rancho Cucamonga CA 91701 ID:	X IND COM OTH PTY SCC	Assistant Professor Keck Graduate Institute	250.00	500	0.00	
Rept Dt: 0/21/2016	Jeniffer Hernandez 8171 Inspiration Dr Rancho Cucamonga CA 91701	X IND COM OTH PTY SCC	Assistant Professor Keck Graduate Institute	250.00	500	0.00	
Rcpt Dt:)9/28/2016	Louis Heystek 161 Georgia Way San Leandro CA 94577 ID:	X IND COM OTH PTY SCC	Deputy CFO L	60.00	110	0.00	
Rcpt Dt: 10/15/2016	William W. Magor 1291 Linton St San Leandro CA 94577 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales KP Corporation LLC	100.00	150	0.00	_
Rcpt Dt: 09/28/2016	Christine Meginness 105 Scott St San Francisco CA 94117	X IND □ COM □ OTH □ PTY □ SCC	Group Director Delivery at Organic	100.00	100	0.00	

Schedule A Summary

ŧ

- Amount received this period contributions of \$100 or more.

 (Include all Schedule A subtotals.)

 \$ ______\$
- 2. Amount received this period unitemized contributions of less than \$100\$
- 3. 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

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

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Schedule A			oe or print in ink. nts may be rounded			SCHEDULE A		
Monetary	Contributions Received	tions Received to whole dollars.			ers period	CALIFORNIA 46		460
				from		FOI	RM	
SEE INSTRUCTION	NS ON REVERSE			through		6	5 / 11	
NAME OF FILER						I.D. Num	ber	
Ed Hernandez	for San Leandro City Council 2016					13809	84	
DATE RECEIVED	FULL NAME, MAILING ADDRI AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER I.E	UTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	LECTION DATE QUIRED)
Rcpt Dt: 09/28/2016	Mark Mendes 19663 Adair Dr , Castro Valley CA 94546 ID:	IND COM OTH PTY SCC	Manager Creative Wood Products	100.00	10	0.00		
Rcpt Dt: 10/22/2016	Ed Miller 11726 San Vicente Bl Brentwood CA 90049 ID:	IND □ COM □ OTH □ PTY □ SCC	Real Estate Developer Cal Coast Companies LLC	1000.00	100	0.00		
Rcpt Dt: 10/03/2016	Rental Housing Owners Assoc of S 980 9TH ST STE 1430 SACRAMENTO CA 95814 ID: 745208	o Alameda County O TH PTY SCC	2	500.00	50	0.00		
Rcpt Dt: 09/28/2016	Fred F. Shimasaki 19131 Waverly Av Hayward CA 94541 ID:	IND COM OTH PTY SCC	None	100.00	10	00.00		
Rcpt Dt: 09/28/2016	Thomas Silva 318 Sunset Bl Hayward CA 94541 ID:	X IND □ COM □ OTH □ PTY □ SCC	Broker Eden Realty	500.00	50	00.00		
		——————————————————————————————————————	SUBTOTAL	\$, and	*	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Include all	A Summary eived this period - contributions of Schedule A subtotals.)eived this period - unitemized contributions				CO	ontributor (D - Individ DM - Recip (othe	ual ient Comr	nittee Y or SCC)

Schedule	Α	
Monetary	Contributions	Received

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

SC	" "			_ ,
- DL.	HE	IJU	11_	- <i>F</i>

Monetary Contributions Received		to whole dollars. Statement from			Statement covers period		orm 460
SEE INSTRUCTION	NS ON REVERSE			through			7/11
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016					1	umber 0984
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 10/21/2016	Sunny H. Tong 520 S El Camino Real 700 San Mateo CA 94402 ID:	X IND □ COM □ OTH □ PTY □ SCC	MANAGING DIRECTOR Westlake Urban	1000.00	200	0.00	,

Δ1 \$	5010.00	1: - 7 :	 r'	*- +	3

	SUBTOTAL \$	5010.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	s		*Contributor Codes IND - Individual COM - Recipient Committee
Amount received this period - unitemized contributions of less than \$100	\$		(other than PTY or SCC) OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2 Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$		SCC - Small Contributor Committee

	0.1.1.5.5.4		т	ype or print in in	l _r			SCHEE	OULE B - PART 1
Schedule B – Part 1 Loans Received			Amounts may be rounded Statement covers period to whole dollars.				CALIFORNI FORM	¹ 460	
	SEE INSTRUCTIONS ON REVERSE					through		8 / 11	
	NAME OF FILER							I.D. NUMBER	
	Ed Hernandez for San Leandro City Counc	il 2016						1380984	
	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 CONTRIBUTION TO DATE
<u></u>	Ed Hernandez 151 Callan Ave 306 San Leandro CA 94577			,c	PAID \$ 0.00 FORGIVEN	\$1500.00	0.00_ % RATE	\$1500.00	\$ 0.00 PER ELECTION**
	ID:		\$1500.00	\$0.00	\$0.00	DATE DUE	\$0.00	11/02/2015 DATE INCURRED	
	Ed Hernandez 151 Callan Ave 306				PAID 0.00	\$350.00	0.00 _%	\$350.00	CALENDAR YEAR 0.00 PER ELECTION**
	San Leandro CA 94577				FORGIVEN				

350.00

0.00

0.00

DATE DUE

ID:

XIND ☐ COM☐ OTH ☐ PTY ☐ SCC

SUBT	OTALS	\$	0.00 \$	0.00 \$	1850.00 \$	0.0	0
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.)				\$		0.00	(Enter (e) on Schedule E, Line 3)
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.)	· · · · · · · · · · · · · · · · · · ·		\$		0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.				Net \$	(may be a negat	0.00 ive number)	** If required.
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Ot	her F	PTY-Political	l Party	SCC-Small Contribute	or Committee	FPP	FPPC Form 460 (JAN/05) C Toll-Free Helpline: 866/ASK-FPPC

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

11/13/2015

DATE INCURRED

0.00

Schedule E Payments Made	Amou	e or print in ink. its may be rounded whole dollars.	Statement covers period	california 460	
·			from		
SEE INSTRUCTIONS ON REVERSE			through	9/11	
NAME OF FILER				I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016			3	1380984	
CODES: If one of the following codes accurately describes to	he payment, you	may enter the code. Othe	erwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating cs	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgir TSF transfer between commit VOT voter registration WEB information technology ca	es production costs , and meals ng, and meals tees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Floresta Neighborhood Association Inc 3701 Monterey Bl	ID:	PRT		100.00	
San Leandro CA 94578					
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	LIT		2077.17	
Fremont CA 94539					
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	СМР		2391.81	
Fremont CA 94539					
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	, SU	BTOTAL \$	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all \$	Schedule E subtot	als.)		\$5612.05	
2. Unitemized payments made this period of under \$100.			······································		
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	rt 1, Column (e).)		\$	
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and or	the Summary Page, Col	umn A, Line 6.) TC	TAL \$5612.05	

SCHEDULE E

Schedule E Payments Made	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	_ 10 / 11
NAME OF FILER		-		I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes to	he payment, you r	may enter the code. Othe	rwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member cor		RAD radio airtime and produce RFD returned contributions	ction costs
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office expen		SAL campaign workers' sala	ries
CVC civic donations	PET petition circu		TEL t.v. or cable airtime and	
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank POL polling and		TRC candidate travel, lodging TRS staff/spouse travel, lodg	
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and messenger services	TSF transfer between comm	ittees of the same candidate/sponso
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (legal, accounting)	VOT voter registration WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 N First St	ID:	OFC		31.51
San Jose CA 95131				
Paypal 2211 N First St	ID:	OFC		9.46
San Jose CA 95131				
Paypal 2211 N First St	ID:	OFC		38.60
San Jose CA 95131				
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	SI	UBTOTAL \$
		And the Manual Control of	SI	0

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).)

Schedule E Payments Made Type or print in ink. Amounts may be rounded to whole dollars.		Statement cove	ي ا	SCHEDULE E LLIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE				through		11 / 11
IAME OF FILER				.l	1.D.	. NUMBER
Ed Hernandez for San Leandro City Council 2016					13	80984
CODES: If one of the following codes accurately describes	the payment, you r	nay enter the co	de. Otherwise	e, describe the paym	ent.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		d appearances ses Ilating s		RFD returned co SAL campaign w TEL t.v. or cable TRC candidate to TRS staff/spouse TSF transfer bet VOT voter registi	vorkers' salaries airtime and producti avel, lodging, and m a travel, lodging, and ween committees of	ion costs leals meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Paypal 2211 N First St	ID:	OFC				32.80
San Jose CA 95131						
Roosevelt School PTA 951 Dowling Bl	ID:	CVC				100.00
San Leandro CA 94577						
San Leandro Times 2060 Washington Av	ID:	PRT				830.70
San Leandro CA 94577	· · · · · ·					
Payments that are contributions or independent expenditures must a	ılso be summarized oı	n Schedule D.			SUBTOT	AL\$ 5612.05
Schedule E Summary			-			
Payments made this period of \$100 or more. (Include all	Schedule E subtota	als.)				\$
2. Unitemized payments made this period of under \$100.						
•						
Total interest paid this period on loans. (Enter amount from	in ochedule B, Pal	it i, Colulliii (e).)			Ψ

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	Date Stamp	CAL 20 EANDRO F	COVER PAGE JEORNIA 460 ORM	
	Statement covers period from 07/01/2016	Date of election if applicable: (Month, Day, Year)	SEP 29	1 1	1 / 12 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/24/2016		CITY CLERK'S	UFFIGE	
1. Type of Recipient Committee: All Commit	tees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	ent:		
 ✓ Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) ✓ General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee 	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)		ment nent	☐ Special ☐ Supplen	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Information	I.D.NUMBER 1380984	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Ed Hernandez for San Leandro City Council 2016		NAME OF TREASURER Kenneth Pon CPA			
STREET ADDRESS (NO P.O. BOX) 151 Callan Ave 306		MAILING ADDRESS 151 Callan Ave 306			
CITY STATE ZIP CO San Leandro CA 94577		CITY San Leandro	STATE CA	ZIP CODE 94577	AREA CODE/PHONE (510) 895-2011
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	NAME OF ASSISTANT TREASUL	RER, IF ANY		
CITY STATE ZIP CO	DE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS (510) 895-2018 kponcpa@spr	vnet com	CITY	STATE	ZIP CODE	AREA CODE/PHONE
(310) 093-2010 Kponopa@spr.		OPTIONAL: FAX/E-MAIL ADDRE (510) 895-2018	ss kpor	ncpa@sprynet.	com
DATE Executed on 09/29/2016 By Eq.	y under the laws of the State of Car enneth Pon CPA SIGNATURE OF TREASURER OR	Hifornia that the foregoing is true	and correct.	erein and in the	e attached schedules FPPC Form 460 (JAN/05)
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	R, CANDIDATE, STATE MEASURE PROPONEN	IT	FPPC Toll-Free	Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

2/12

Officeholder or Candidate Controlled C	ommittee	6. Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Sought: City Council Member City City of San L			BALLOT NO. OR LETTER	JURISDICTIO	NC	[2	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling offic	eholder, cand	idate, or state	measure prop	onent, if any.
151 Callan Ave 306 Sa	n Leandro CA 94577		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or are p contributions or to make expenditures on behalf of your candidates.	rimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed C	Committee	C List names	of officeholder	(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE						LI OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Attac	h continuation	sheets if nec	essary	1

Campaign Disclosure Statement Summary Page

Ed Hernandez for San Leandro City Council 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

SUMMARY PAGE

Amounts may be rounded to whole dollars.	Statement covers period	california 460		
	through	3 / 12		
		I.D. NUMBER		
		1380984		

La Hornandoz for Gair Esartato Gity Godinon 2010			1380984
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 4065.00	\$ 14438.00 1850.00 \$ 16288.00 3316.10 \$ 19604.10	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	0.00 \$ 12949.59 -1503.30 0.00	0.00 \$ 18708.89 0.00 3316.10	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 11563.70 4065.00 0.00 12949.59 \$ 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	<u> </u>
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 0.00 \$ 0.00 \$ 1850.00	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. FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A	Δ		e or print in ink.				SCHEDULE A
Monetary Contributions Received		to	Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE	*		through		*	4 / 12
NAME OF FILER	for San Leandro City Council 2016					I.D. Nu 1380	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/20/2016	Anthony A. Batarse Jr 10550 International BI Oakland CA 94603 ID:	IND COM OTH PTY SCC	President/CEO Lloyd A Wise Co	1000.00	2000	0.00	;
Rcpt Dt: 09/06/2016	Randall Beisler 75 Milland Dr Mill Valley CA 94941 ID:		WHE PLB COMM'L RIE	200.00	200	0.00	200000
Rcpt Dt: 09/06/2016	Arthur Britto 1548 Daily Dr San Leandro CA 94577 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Jeweler Mandy's	250.00	25	0.00	
Rcpt Dt: 08/25/2016	Creekside Associates LLC 1221 Bridgeway 1 Sausalito CA 94965	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	250	0.00	
Rcpt Dt: 07/08/2016	Creekside Associates LLC 1221 Bridgeway 1 Sausalito CA 94965	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	250	0.00	

SUBTOTAL \$

Schedule A Summary

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

*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 A Schedule A Type or print in ink. Amounts may be rounded Statement covers period **Monetary Contributions Received CALIFORNIA** to whole dollars. **FORM** from_ 5 / 12 through SEE INSTRUCTIONS ON REVERSE I.D. Number NAME OF FILER Ed Hernandez for San Leandro City Council 2016 1380984 CUMULATIVE TO DATE PER ELECTION AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE AND ZIP CODE OF CONTRIBUTOR CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (JAN. 1 - DEC. 31) (IF REQUIRED) **PERIOD** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND 250.00 250.00 Rcpt Dt: 08/04/2016 Divine Homecare COM 400 Estudillo Ave 100 ☑ OTH PTY San Leandro CA 94577 □ scc WHE SR UP X IND 500.00 500.00 Rcpt Dt: 09/06/2016 Salwa Ibrahim COM 1851 Melvin Rd OTH

□ PTY

□ scc

IND IND

☐ OTH ☐ PTY

SCC IND

COM
OTH
PTY
SCC

COM

94602

30309

94598

CA

GΑ

CA

Oakland

Atlanta

Mark McDonald

Robert W. Toone 218 Los Cerros Av

Walnut Creek

1883 Ardmore Rd NW

ID:

Rcpt Dt: 09/06/2016

Rcpt Dt: 07/01/2016

WHITEPLA TECH

Director of Sales

CoStar Group

Toone & Associates

Consulting

100.00

200.00

100.00

400.00

	SUBTOTAL \$	4000.00	La	
Schedule A Summary				*Contributor Codes
Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$			IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100	\$			OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	TOTAL \$			SCC - Small Contributor Committee

Schedule B - Part 1

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

Type or print in ink.
Amounts may be rounded

SCHEDULE E	3 - PART	٠
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FPPC Toll-Free Helpline: 866/ASK-FPPC

Loans Received		to whole dollars.			from		FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE					through		6 / 12	
NAME OF FILER							I.D. NUMBER	
Ed Hernandez for San Leandro City Counc	il 2016						1380984	
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
				PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$	\$1500.00	0.00 %	\$ 1500.00	\$
San Leandro CA 94577		4500.00	0.00	FORGIVEN		RATE 0.00	11/02/2015	PER ELECTION**
ID: ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1500.00	\$0.00	\$0.00	DATE DUE	\$	DATE INCURRED	
				PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$0.00	\$350.00	0.00 %	\$ 350.00	\$
San Leandro CA 94577				FORGIVEN		RATE		PER ELECTION**
ID:		g 350.00	0.00	0.00		\$ 0.00	11/13/2015	
☑IND ☐COM☐OTH☐PTY☐SCC		¥	Y		DATE DUE	<u> </u>	DATE INCURRED	

SUBTOTALS \$	0.00 \$	0.00 \$	1850.00 \$	0.0	0
Schedule B Summary 1. Loans received this period		\$		0.00	(Enter (e) on Schedule E, Line 3)
Loans paid or forgiven this period		 \$	<u></u>	0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	· · · · · · · · · · · · · · · · · · ·	Net \$	(may be a negat	0.00 ive number)	** If required.
*Contributor Codes					FPPC Form 460 (JAN/05

PTY-Political Party

SCC-Small Contributor Committee

OTH-Other

chedule E Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	7 / 12
NAME OF FILER				I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes	the payment, you r	may enter the code. C	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		id appearances ises ulating s		ies production costs , and meals ng, and meals ttees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Asian Community Cultural Assn of SL 15127 Inverness St	ID:	cvc		100.00
San Leandro CA 94579				
CALIFORNIA LATINO VOTERS GUIDE 930 Colorado Blvd. Bldg 2	ID:	LIT		475.00
Los Angeles CA 90041				
City of San Leandro 835 E 14th St	ID:	FIL		900.00
San Leandro CA 94577				
* Payments that are contributions or independent expenditures must a	also be summarized o	n Schedule D.	su	BTOTAL \$
Schedule E Summary				
Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)		\$12732.70
Unitemized payments made this period of under \$100.				040.00
Total interest paid this period on loans. (Enter amount from the second se				0.00
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • •		

				SCHEDULE E	
Schedule E Payments Made	Amou	pe or print in ink. unts may be rounded o whole dollars.	Statement covers period	california 460	
SEE INSTRUCTIONS ON REVERSE			through	8 / 12	
NAME OF FILER	<u> </u>			I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016				1380984	
CODES: If one of the following codes accurately describes	the payment, you	may enter the code. Other	erwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office expr PET petition cir PHO phone bar POL polling and POS postage, o	and appearances enses rculating	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodgin TSF transfer between committ VOT voter registration WEB information technology co	es roduction costs and meals g, and meals ees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
COPS Voter Guide Inc 705-2 E Bidwell Street #370	ID:	LIT		1000.00	
Folsom CA 95630				4440.50	
Drakes Brewing Company 1933 Davis St	ID:	FND		1412.50	
San Leandro CA 94577				678.36	
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	CMP		676.36	
Fremont CA 94539					
* Payments that are contributions or independent expenditures must a	also be summarized	on Schedule D.	SU	BTOTAL\$	
Schedule E Summary				-	
1. Payments made this period of \$100 or more. (Include all	Schedule E subt	otals.)		\$	
Unitemized payments made this period of under \$100.					
Total interest paid this period on loans. (Enter amount from	om Schedule B, F	Part 1, Column (e).)		\$	

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	california 460	
•						
SEE INSTRUCTIONS ON REVERSE				through	9/12	
NAME OF FILER					I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016		·			1380984	
CODES: If one of the following codes accurately describes t	he payment, you i	may enter the	e code. Other	wise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses ulating ss survey research livery and mess	enger services	RAD radio airtime and product returned contributions SAL campaign workers' salate. t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg transfer between common voter registration WEB information technology	ries production costs g, and meals ging, and meals littees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OF	र	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	OFC			617.00	
Fremont CA 94539					4500.00	
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	CNS			1500.00	
Fremont CA 94539	L11-70-					
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	OFC			2700.00	
Fremont CA 94539						
* Payments that are contributions or independent expenditures must a	lso be summarized o	on Schedule D.		S	UBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$100.						
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column	(e).)		\$	
4. Total payments made this period. (Add lines 1, 2, and 3.				mn A, Line 6.) T	OTAL \$	

SCHEDULE E

Schedule E Payments Made	Amounts may be rounded to whole dollars.		Statement covers period	FORM 460	
SEE INSTRUCTIONS ON REVERSE			through	_ 10 / 12	
NAME OF FILER				I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016				1380984	
CODES: If one of the following codes accurately describes to	he payment, you r	may enter the code. Oth	nerwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POS postage, de	nd appearances uses ulating	RAD radio airtime and productions RFD returned contributions SAL campaign workers' salate. TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between community VOT voter registration WEB information technology	aries d production costs g, and meals ging, and meals nittees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	CNS		1500.00	
Fremont CA 94539				250.00	
Joseph Alan Productions 398 Herma Ct	ID:	LIT		250.00	
San Leandro CA 94577					
Kenneth Pon CPA 151 Callan Av 306	ID:	OFC		39.88	
San Leandro CA 94577					
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D.	<u> </u>	SUBTOTAL \$	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		\$	
2. Unitemized payments made this period of under \$100.					
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pa	art 1, Column (e).)		\$	
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and or	n the Summary Page, C	olumn A, Line 6.)	ГОТАL \$	

SCHEDULE E

				SCHEDULE E
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from	california 460
SEE INSTRUCTIONS ON REVERSE			through	11 / 12
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes to				tion costs
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member con MTG meetings an		RAD radio airtime and product RFD returned contributions	lion costs
CTB contribution (explain nonmonetary)*	OFC office expen-	ses	SAL campaign workers' salari	
CVC civic donations	PET petition circu PHO phone banks	_	TEL t.v. or cable airtime and p TRC candidate travel, lodging	
FIL candidate filing/ballot fees FND fundraising events		urvey research	TRS staff/spouse travel, lodgi	ng, and meals
IND independent expenditure supporting/opposing others (explain)*		ivery and messenger service	s TSF transfer between commit VOT voter registration	ttees of the same candidate/sponso
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (legal, accounting)	WEB information technology of	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenneth Pon CPA 151 Callan Av 306	ID:	PRO		1184.96
San Leandro CA 94577				
San Leandro Education Foundation 14735 Juniper St	ID:	cvc		250.00
San Leandro CA 94579				405.00
Washington Home Owners Association	ID:	PRT		125.00
PO Box 4291	15.			
San Leandro CA 94579				
* Payments that are contributions or independent expenditures must a	also be summarized o	n Schedule D.	SL	JBTOTAL \$ 12732.70
Schedule E Summary				
Payments made this period of \$100 or more. (Include all	Schedule E subtot	ale)		\$
Unitemized payments made this period of under \$100.	••••••			Ф

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule F		
Accrued Expenses	(Unpaid	Bills)

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

CALIFORNIA Statement covers period **FORM** from _ 12 / 12 through _ I.D. NUMBER

1380984

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG legal defense

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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	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
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same
	legal defense		professional services (legal, accounting)	VOT	voter registration

WEB information technology costs (internet, email) PRT print ads campaign literature and mailings

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

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 0.00\$ 1412.50 \$ 0.00 SUBTOTALS \$ 1412.50\$ 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.) 0.00 INCURRED TOTALS \$ _____ 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on PAID TOTALS \$ ____ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... 1503.30 3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	k. C	TY OF SAN LEAN		IFORNIA 001/02 ORM	460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2016 through06/30/2016	Date of election if applicable: (Month, Day, Year)	AUG 0 1 2016 CITY CLERK'S OF		1 / 22 For Official Us	se Only
1. Type of Recipient Committee: All Commit Solution Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Expla	ment ment nent	Special Complements	y Statemer Odd-Year F nental Pree ent - Attach	Report election
3. Committee Information 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	I.D.NUMBER 1380984	Treasurer(s) NAME OF TREASURER CA Kenneth Pon CPA MAILING ADDRESS 151 Callan Ave 306				
CITY STATE ZIP COINTS AND LEARNING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	510/895-2011	CITY San Leandro NAME OF ASSISTANT TREASU	STATE CA RER, IF ANY	ZIP CODE 94577	AREA (510)	CODE/PHONE 895-2011
CITY STATE ZIP COI	DE AREA CODE/PHONE	MAILING ADDRESS				
OPTIONAL: FAX/E-MAIL ADDRESS (510) 895-2018 kponcpa@spry	rnet.com	OPTIONAL: FAX/E-MAIL ADDRE	100 500 500 1000	ZIP CODE	AREA	CODE/PHONE
DATE Executed on 07/28/2016 By Ed	y under the laws of the State of Cali nneth Pon CPA SIGNATURE OF TREASURER OR	fornia that the foregoing is true	and correct.	rein and in the	attached s	schedules

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on_

Executed on_

DATE

DATE

FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA 460

2/22

Officeholder or Candidate Controlle		6. Ballot Measure Co	minitiee		
NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST Sought: City Council Member City City of S	RICT NUMBER IF APPLICABLE) an Leandro 2	BALLOT NO. OR LETTER	JURISDICTIO	N	X SUPPORT ☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling offi	ceholder, cand	idate, or state measure p	roponent, if any.
151 Callan Ave 306	San Leandro CA 94577	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you or contributions or to make expenditures on behalf of your ca	are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed (List names of officehole	der(s) or candidate(s) fo
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	•	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE				LI OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HEL	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	P. CODE AREA CODE/PHONE	Attac	h continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

Ed Hernandez for San Leandro City Council 2016

13. Cash Receipts

15. Cash Payments

18. Cash Equivalents

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

Cash Equivalents and Outstanding Debts

16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15

17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from	- 10km

EE INSTRUCTIONS ON REVERSE	through	3 / 22
AME OF EILED		ID NUMBER

1380984

SHIMMARY PAGE

Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 10373.00 10373.00 1. Monetary Contributions Schedule A. Line 3 7/1 to Date 1/1 through 6/30 0.00 1850.00 Loans Received Schedule B. Line 7 20. Contribution 12223.00 10373.00 \$ SUBTOTAL CASH CONTRIBUTIONS..... 0.00 \$ Add Lines 1 + 2 Received 3316.10 3316.10 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 13689.10 15539.10 0.00 \$ 0.00 TOTAL CONTRIBUTIONS RECEIVED..... Made Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 5759.30 s 5759.30 6. Payments Made Schedule E. Line 4 0.00 0.00 22. Cumulative Expenditures Made* Loans Made Schedule H. Line 7 (If Subject to Voluntary Expenditure Limit) 5759.30 5759.30 \$ SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 1503.30 1503.30 Date of Election Total to Date Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 3316.10 3316.10 10. Nonmonetary Adjustment Schedule C. Line 3 10578.70 10578.70 \$ 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 6950.00 12. Beginning Cash Balance Previous Summary Page, Line 16

10373.00

5759.30

11563.70

0.00

0.00

0.00

3353.30

Column A, Line 3 above

Column A, Line 8 above

See instructions on reverse

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.

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

Schedule	Α	
Monetary	Contributions	Received

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

SCHEDULE A

Monetary (Contributions Received		nts may be rounded whole dollars.	Statement covered from	ers period	CALIFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through		I.D. Number
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016					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 CALENDAR YE (JAN. 1 - DEC.	EAR TO DATE
Rept Dt: 02/15/2016	David Akbaryar 395 W El Camino Real Sunnyvale, CA 94087 ID:	X IND □ COM □ OTH □ PTY □ SCC	Home Loan Officer Citi Bank	100.00	10	0.00
Rept Dt: 06/29/2016	Rafael G. Arroyo 1229 Sandelin Av San Leandro CA 94577 ID:	IND COM OTH PTY	Dir Digital Marketing & Creative Svc Model N	50.00	155	0.00
Rept Dt: 02/15/2016	Atlas Diamond Co Inc 210 Post St 415 San Francisco CA 94108 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	10	0.00
Rcpt Dt: 06/30/2016	Anthony A. Batarse Jr 10550 International Bl Oakland CA 94603 ID:	IND □ COM □ OTH □ PTY □ SCC	President/CEO Lloyd A Wise Co	1000.00	100	0.00
Rept Dt: 03/05/2016	Robert Caruso 772 Cary Dr San Leandro CA 94577 ID:	X IND COM OTH PTY SCC	Real Estate Developer John Benjamin Company	100.00	10	0.00
			SUBTOTAL	\$		
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)				INE	ontributor Codes O - Individual OM - Recipient Committee (other than PTY or SCC)
3. Total monet	eived this period - unitemized contributions of less th ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			10373.00	PT	Y - Political Party C- Small Contributor Committee

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

Schedule A Monotony Contributions Possived

Type or print in ink. Amounts may be rounded

SCHEDULE A

------- 400

Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE				through		5 / 22
NAME OF FILER Ed Hemandez	for San Leandro City	Council 2016					I.D. Number
	I Carr Esanais Only		,	· · · · · · · · · · · · · · · · · · ·	T	<u> </u>	1380984
DATE RECEIVED	AND ZIP	ME, MAILING ADDRESS CODE OF CONTRIBUTOR ITTEE, 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 CALENDAR YE (JAN. 1 - DEC.	AR TO DATE
Rcpt Dt: 02/18/2016	Judy Chu 77 - 8th St 201 Oakland ID:	CA 94607	X IND COM OTH PTY SCC	Real Estate Broker Golden Land Investments	100.00	100	0.00
Rept Dt: 02/16/2016	Creekside Associat 1221 Bridgeway 1 Sausalito ID:	tes LLC CA 94965	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000	0.00
Rept Dt: 03/07/2016	Roy W. Daniels 839 Sybil Av San Leandro ID:	CA 94577	IND COM OTH PTY	Specialist Verizon	100.00	100	0.00
Rcpt Dt: 02/15/2016	eConsignment 323 Steven Cir Benicia ID:	CA 94510	IND COM OTH PTY SCC		250.00	250	0.00
Rcpt Dt: 06/29/2016	FH Dailey Chevrole 800 Davis St San Leandro ID:	et CA 94577	IND COM OTH PTY SCC		500.00	500	0.00
				SUBTOTAL	\$		
(Include all 2. Amount rec	eived this period - co Schedule A subtotal	ontributions of \$100 or more. Is.) nitemized contributions of less				INE CO OTI PT'	ontributor Codes - Individual M - Recipient Committee (other than PTY or SCC) H - Other Y - Political Party C - Small Contributor Committee
		and on the Summary Page, C	Column A, Line 1.)TOTAL \$	·	<u> </u>	

Schedule A

Type or print in ink. Amounts may be rounded

Monetary (Contributions R	eceived		nts may be rounded whole dollars.	Statement covers period			
SEE INSTRUCTION	NS ON REVERSE			. <u></u>	through		6	3 / 22
NAME OF FILER	for San Leandro City Co	auncil 2016					I.D. Nun	nber
Eu riemanuez	ior Sair Learning City Co					<u> </u>	13809	84
DATE RECEIVED	AND ZIP CO	, MAILING ADDRESS DE OF CONTRIBUTOR EE, 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 06/30/2016	David Garcia 3039 Fernwood St San Mateo ID:	CA 94403	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Finance Logitech	100.00	10	0.00	
Rcpt Dt: 03/11/2016	Phyllis L. Gee 2361 Marineview Dr San Leandro ID:	CA 94577	X IND □ COM □ OTH □ PTY □ SCC	None None	100.00	10	0.00	
Rcpt Dt: 06/29/2016	Allan Graves 666 Bellevue Ave Daly City ID:	CA 94014	X IND COM OTH PTY SCC	CEO San Francisco Love Tours	100.00	20	0.00	
Rcpt Dt: 02/15/2016	Allan Graves 666 Bellevue Ave Daly City ID:	CA 94014	IND COM OTH PTY SCC	CEO San Francisco Love Tours	100.00	20	0.00	
Rcpt Dt: 06/02/2016	David Greenberg 3186 East Av Hayward ID:	CA 94541	X IND COM OTH PTY SCC	RN Lifelong Medical	250.00	25	0.00	
				SUBTOTAL	\$			
Include all: 2. Amount rece 3. Total moneta	eived this period - con Schedule A subtotals. eived this period - unit ary contributions recei	tributions of \$100 or more.)emized contributions of less the lived this period. Indicate the Summary Page, Col	nan \$100	\$		INI CC OT PT	other H - Other Y - Politica	ual ient Committee r than PTY or SCC)

Schedule	Α	
Monetary	Contributions	Received

Type or print in ink.

SCHEDULE A

Monetary Contributions Received			to whole dollars.		CALIFORNIA FORM		DRNIA 460	
SEE INSTRUCTION	NS ON REVERSE				through		7	/ 22
NAME OF FILER		".0040		· · · · · · · · · · · · · · · · · · ·		· · · · · · ·	I.D. Num	ber
Ed Hernandez	for San Leandro City Cou	Incii 2016					138098	34
DATE RECEIVED	AND ZIP COD	MAILING ADDRESS DE OF CONTRIBUTOR E, 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 05/23/2016	Esterine Green 225 Reva Av San Leandro C ID:	CA 94577	IND COM OTH PTY SCC	Executive Assistant Zion Missionary Baptist Church	250.00	25	0.00	
Rcpt Dt: 03/05/2016	Briana Holland 37830 Logan Dr Fairfield C ID:	CA 94535	X IND □ COM □ OTH □ PTY □ SCC	Management AppleOne	100.00	10	0.00	
Rcpt Dt: 06/29/2016	John R. Jay 10700 MacArthur Blvd Oakland C ID:	200 CA 94605	IND COM OTH PTY	Executive VP/COO Jay-Phares Corporation	100.00	10	0.00	
Rcpt Dt: 02/25/2016	Jerry Garcia Ins Agend 15200 Hesperian Blvd San Leandro C ID:	cy Inc 102 CA 94578	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	
Rcpt Dt: 06/29/2016	Juan Carlos Lopez 22 Heritage Village Ln Campbell C ID:	CA 95008	IND COM OTH PTY SCC	Marketing Manager Cisco	100.00	10	0.00	
				SUBTOTAL	\$			
Include all: 2. Amount rece 3. Total monet:	eived this period - contr Schedule A subtotals.) eived this period - unite ary contributions receiv	mized contributions of less	s than \$100	\$ \$)TOTAL \$		INI CC OT PT	(other H - Other Y - Political	aal ent Committee than PTY or SCC)

, p							
Schedule A	A	Тур	e or print in ink.				SCHEDULE A
Monetary (Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through	· 		8 / 22
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016					1.D. Ni 1380	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 04/27/2016	Art May 844 Northvale Rd Oakland CA 94610 ID:	IND COM OTH PTY SCC	Principal/Developer Keystone Development Group	200.00	20	0.00	•
Rcpt Dt: 06/02/2016	Arnold Mew 14948 Portofino Cir San Leandro CA 94578 ID:	IND COM OTH PTY	None None	100.00	10	0.00	
Rcpt Dt: 03/05/2016	Craig D. Miott 2532 Santa Clara Ave 175 Alameda CA 94501 ID:	IND COM OTH PTY SCC	Real Estate Advisor Khyber Investments	250.00	25	0.00	
Rcpt Dt: 06/30/2016	Mr Plastics 2756 Alvarado St W-A San Leandro CA 94577 ID:	IND COM SOTH PTY SCC		50.00	10	0.00	
Rcpt Dt: 02/25/2016	Mr Plastics 2756 Alvarado St W-A San Leandro CA 94577 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		50.00	10	0.00	

SUBTOTAL\$

Schedule A Summary

Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.)

 \$_____\$

2. Amount received this period - unitemized contributions of less than \$100\$

 *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

SCHEDULE A

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 46 FORM 9/22	
SEE INSTRUCTIO	NS ON REVERSE			through			
NAME OF FILER	for San Leandro City Council 2016					I.D. Nur	mber
Ed Hernandez	ioi San Leandro City Council 2016				· · · · ·	13809	984
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 03/20/2016	Calvin Ngyuen 441 Santa Clara Av Alameda CA 94501 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Restauranter Bucket-O-Crawfish	500.00	50	0.00	
Rcpt Dt: 02/15/2016	Stuart Rickard 981 Park St Alameda CA 94501 ID:	X IND COM OTH PTY	Real Estate Developer Stuart Rickard	150.00	15	0.00	
Rcpt Dt: 02/15/2016	Joyce Starosciak 9536 Penwood Way Granite Bay CA 95746 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	IT Manager Sacramento Regional Fire- /EMS	100.00	10	00.00	
Rcpt Dt: 06/29/2016	Sunny H. Tong 520 S El Camino Real 700 San Mateo CA 94402 ID:	IND COM OTH PTY	MANAGING DIRECTOR Westlake Urban	1000.00	100	00.00	
Rcpt Dt: 03/05/2016	Robert W. Toone 218 Los Cerros Av Walnut Creek CA 94598 ID:	X IND COM OTH PTY SCC	Consulting Toone & Associates	200.00	20	00.00	
			SUBTOTAL	\$			
Amount rec (Include all Amount rec Total mone)	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)	han \$100	\$		IN CC OT PT	othe) TH - Other TY - Politic	dual pient Committee er than PTY or SCC)
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	iumin A, Line T	.)IUIALD				

Schedule	A	
Monetary	Contributions	Received

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

SCHEDULE A
Statement covers period CALIFORNIA A CA

inonotary (whole donais.	from		FORM	400
SEE INSTRUCTION	NS ON REVERSE			through		10 / 22	
NAME OF FILER	for San Leandro City Council 2016					I.D. Number 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 CALENDAR Y (JAN. 1 - DEC	EAR TO	ELECTION D DATE EQUIRED)
Rept Dt: 03/09/2016	John Tucker 1401 Dove St 640 Newport Beach CA 92660 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President Meritage Homes Corporation	500.00	50	0.00	
Rcpt Dt: 06/02/2016	Nydia Valerio 2683 Spindrift Cir Hayward CA 94545 ID:	IND COM OTH PTY SCC	Loan Officer Citibank	250.00	25	50.00	
Rcpt Dt: 06/02/2016	Richard K. Watters 6184-A Civic Terrace Av Newark CA 94560	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	College Adminstrator Cal State East Bay	50.00	15	50.00	
Rcpt Dt: 03/05/2016	Richard K. Watters 6184-A Civic Terrace Av Newark CA 94560		College Adminstrator Cal State East Bay	100.00	15	50.00	
Rcpt Dt: 02/25/2016	Carla Zizmor 3452 Robinson Dr Oakland _ CA 94602 ID:	IND COM OTH PTY SCC	Attorney Wood Smith Henning & Berman LLC	100.00	20	00.00	
			SUBTOTAL	\$			
(Include all and all all and all all and all and all and all and all all all and all all all all all all all all all al	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less that contributions received this period. 1 and 2. Enter here and on the Summary Page, Contributions of the Summary Page, Contributions received this period.	han \$100	\$		IN CC PT	Contributor Codes D - Individual OM - Recipient Cor (other than P TH- Other TY - Political Party CC- Small Contribu	TY or SCC)

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to whole dollars.		Statement covered from	ers period	california 460	
SEE INSTRUCTION	NS ON REVERSE			through			11 / 22
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016						lumber 0984
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/15/2016	Carla Zizmor 3452 Robinson Dr Oakland CA 94602 ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Wood Smith Henning & Berman LLC	100.00	20	00.00	,

	SUBTOTAL \$	8450.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$		(other than PTY or SCC) OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		SCC-Small Contributor Committee

Sched	ule	B –	Part	1
Loans	Re	ceiv	ed	

SCHEDULE B - PART 1

Schedule B – Part 1 Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.			Statement c	overs period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through		12 / 22	2
NAME OF FILER				-			I.D. NUMBER	
Ed Hernandez for San Leandro City Counc	cil 2016						1380984	
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	(I) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$0.00	\$1500.00	0.00 %	\$ 1500.00	\$1503.30 PER ELECTION**
San Leandro CA 94577				FORGIVEN		RATE	44/00/0045	PER ELECTION &
ID:		\$1500.00	\$0.00	\$		\$0.00	11/02/2015	
XIND □COM□OTH□PTY□SCC					DATE DUE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$0.00	\$350.00	0.00_%	\$ 350.00	\$1503.30
				FORGIVEN		RATE		PER ELECTION**
San Leandro CA 94577 ID:		350.00	s 0.00			\$ 0.00	11/13/2015	
XIND ☐ COM☐ OTH ☐ PTY ☐ SCC				¥	DATE DUE		DATE INCURRED	

	SUBTOTAL	.S \$	0.00 \$	0.00 \$	1850.00	0.0	0
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.)				\$		0.00	(Enter (e) on Schedule E, Line 3)
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 So	chedule A.)			\$		0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line				Net \$	(may be a neg	0.00 pative number)	** If required.
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC)	OTH-Other	PTY-Politic	cal Party S	SCC-Small Contributo	r Committee	FPP	FPPC Form 460 (JAN/05) C Toll-Free Helpline: 866/ASK-FPPC

Schedule C Type or print in inl					print in ink.					SCHEDULE (
	onmonetary Contributions Received			Amounts m	A			eriod	CALIFORNIA 460		
SEE INSTRUCT	IONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·				thro	ugh		1 I.D. Num	3 / 22 ber	
	ez for San Leandro C	ity Council 2016							- 138098	34	
DATE RECEIVED	ZIP CODE C	TREET ADDRESS AND DF CONTRIBUTOR 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		DESCRIPTION OF FAIR MARKET CALENDA		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 06/02/2016	Adonal Foyle Enter 436 14th St 1113 Oakland ID:	prises LLC CA 94612	☐ IND ☐ COM ※ OTH ☐ PTY ☐ SCC		Autographed ball photos and T- ts	asketba Shir-	a- 1503.92		1503.92		
Rcpt Dt: 06/30/2016		CA 94577	IND COM OTH PTY SCC	Dir Digital Marketing & Creative Svc Model N	Creative services		Creative services 1500.00			1550.00	
Rcpt Dt: 06/02/2016		CA 94577	XIND □ COM □ OTH □ PTY □ SCC	Owner Fun Flicks Outdoor Movies	Public address m rental	syste-	299.00		299.00		

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	3302.92	100 mm (100 mm)	
Schedule C Summary			To utility order	
Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$	3302.92	*Contributor Codes IND - Individual	
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$	13.18	COM- Recipient Committee - (other than PTY or SCC) OTH - Other	
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	3316.10	PTY - Political Party SCC - Small Contributor Committee	

San Leandro ID:

Schedule E Payments Made	Amoun	e or print in ink. ts may be rounded whole dollars.		tement covers period	schedule CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			throug	h	14 / 22 I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016					1380984
CODES: If one of the following codes accurately describes to CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses ulating	RAD RFD SAL TEL TRC TRS er services TSF ounting)	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging	s oduction costs and meals and meals es of the same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION C	P PAYMENT	AMOUNT PAID
Gloria Ritchie and Associates LLC 43531 Ellsworth St	ID:	CNS			1500.00

San Leandro CA 94578	
* 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.)	\$ 5759.30
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).)	\$\$

CNS

OFC

ID:

ID:

Fremont

Fremont

43531 Ellsworth St

Katherine Greenberg 1743 140th Av

Gloria Ritchie and Associates LLC

CA 94539

CA 94539

1500.00

41.49

5759.30

Schedule E Payments Made

Type or print in ink.

	SCHEDULE E
Statement covers period	california 460
from	FURIN
through	15 / 22
	I.D. NUMBER

ayments Made to whole dollars.			from	FO	FORM 400	
SEE INSTRUCTIONS ON REVERSE				through		5 / 22
NAME OF FILER					I.D. NÚW	BER
Ed Hernandez for San Leandro City Council 2016					138098	34
CODES: If one of the following codes accurately describes	the payment, you n	nay enter the coo	de. Otherwise	, describe the payment.		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	d appearances ses ulating s	r services unting)	RAD radio airtime and preserved contribution SAL campaign workers' t.v. or cable airtime TRC candidate travel, located travel, transfer between contribution were information technological radiation and preserved to the contribution of the contrib	ns salaries and production co dging, and meals lodging, and mea ommittees of the s	ls ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Katherine Greenberg 1743 140th Av	ID:	FND				36.24
San Leandro CA 94578						40.70
Katherine Greenberg 1743 140th Av	ID:	FND				10.72
San Leandro CA 94578						20.55
Katherine Greenberg 1743 140th Av	ID:	FND				20.55
San Leandro CA 94578						
* Payments that are contributions or independent expenditures must	also be summarized o	n Schedule D.			SUBTOTAL	B
Schedule E Summary						
Payments made this period of \$100 or more. (Include all	l Schedule E subtot	als.)			\$ _	
 Unitemized payments made this period of under \$100. 						
2. Total interest poid this period on loops. (Enter amount fr					_	

Schedule E Payments Made Type or print in ink. Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ed Hernandez for San Leandro City Council 2016

SEE INSTRUCTIONS ON REVERSE		through	16 / 22			
NAME OF FILER				<u> </u>	I.D. NUMBER	
Ed Hernandez for San Leandro City Council 2016					1380984	
CODES: If one of the following codes accurately describes	the payment, you	may enter the code	e. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nd appearances nses culating ks		RAD radio airtime and pr RFD returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, lot TRS staff/spouse travel, TSF transfer between contribution WEB information technol	ns salaries and production costs dging, and meals lodging, and meals ommittees of the same o	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT	,	AMOUNT PAID
Katherine Greenberg 1743 140th Av	ID:	OFC				226.20
San Leandro CA 94578 Katherine Greenberg 1743 140th Av	ID:	FND				49.01
San Leandro CA 94578		OFC	-			62.00
Katherine Greenberg 1743 140th Av	ID:					(
San Leandro CA 94578	: = 1					
* 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 subto	otals.)			\$	
Unitemized payments made this period of under \$100.						
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Pa	art 1, Column (e).)			\$	
4. Total payments made this period. (Add lines 1, 2, and 3.				A, Line 6.)	TOTAL \$	

CALIFORNIA 46

Schedule E Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through	17 / 22
NAME OF FILER					I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016					1380984
CODES: If one of the following codes accurately describes to	he payment, you r	may enter t	he code. Othe	rwise, describe the payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de PRO professional PRT print ads	nd appearance uses ulating s survey resear livery and me	es rch essenger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and pTRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration WEB information technology c	es production costs , and meals ng, and meals tees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Katherine Greenberg 1743 140th Av	ID:	OFC			32.69
San Leandro CA 94578					
Wayne Gregori 555 Dutton Av	ID:	FND			17.09
San Leandro CA 94577					
Wayne Gregori 555 Dutton Av	ID:	FND			116.78
San Leandro CA 94577					<u> </u>
* Payments that are contributions or independent expenditures must a	iso be summarized o	n Schedule l	D	SU	BTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all \$	Schedule E subtot	als.)			\$
Uniternized payments made this period of under \$100.					
Total interest paid this period on loans. (Enter amount from				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4. Total payments made this period. (Add lines 1, 2, and 3.				umn A, Line 6.) To	OTAL \$

Schedule E	
Payments Made	

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	GALIFORNIA 460
from	Z COMIN 1
through	18 / 22
	I.D. NUMBER

Payments Made	to	whole dollars.	from	_ <u> </u>
			through	18 / 22
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	<u> </u>			I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic done files for the list force.	MBR member cor MTG meetings ar OFC office exper PET petition circle PHO phone bank	mmunications nd appearances nses ulating	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sale TEL t.v. or cable airtime and TRC candidate travel, lodgir	aries d production costs
FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and s		TRS staff/spouse travel, lod	ging, and meals nittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenneth Pon CPA 151 Callan Av 306	ID:	PRO		250.00
San Leandro CA 94577 Kenneth Pon CPA 151 Callan Av 306	ID:	OFC		50.00
San Leandro CA 94577 Kenneth Pon CPA 151 Callan Av 306	ID:	FND		307.50
San Leandro CA 94577				
* Payments that are contributions or independent expenditures must	also be summarized o	on Schedule D.		SUBTOTAL \$
Schedule E Summary				
Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		\$
Unitemized payments made this period of under \$100.				
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pa	art 1, Column (e).)	••••••	\$

Schedule E	Type or print in ink. Amounts may be rounded	Statement covers period	Statement covers period CALIFORNIA		
Payments Made	to whole dollars.	from	FORM 4		
SEE INSTRUCTIONS ON REVERSE		through	19 / 22		
NAME OF FILER			I.D. NUMBER		
Ed Hernandez for San Leandro City Council 2016			1380984		
CODES: If one of the following codes accurately de	escribes the payment, you may enter the code. Other	rwise, describe the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and produc RFD returned contributions			

OFC office expenses

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

petition circulating

CTB contribution (explain nonmonetary)*

CVC FIL FND IND LEG LIT	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		s	TEL t.v. or cable airtime and production of TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meas transfer between committees of the staff voter registration WEB information technology costs (internet	als same candidate/sponsor
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	Leadership San Leandro 120 Estudillo Av	ID:	MTG		500.00
	San Leandro CA 94577 Paypal 2211 N First St	ID:	OFC		29.23
	San Jose CA 95131 Paypal 2211 N First St	ID:	OFC		3.20
	San Jose CA 95131		<u> </u>		

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).)

SUBTOTAL \$

campaign workers' salaries

TEL t.v. or cable airtime and production costs

Schedule E **Payments Made**

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	20 / 22
	I.D. NUMBER

INSTRUCTIONS ON REVERSE			through	20 / 22
OF FILER				I.D. NUMBER
lernandez for San Leandro City Council 2016				1380984
P campaign paraphernalia/misc. Campaign consultants Contribution (explain nonmonetary)* Civic donations candidate filing/ballot fees Conditions	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de	nmunications d appearances ses alating s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production trace candidate travel, lodging, a staff/spouse travel, lodging.	oduction costs and meals and meals and meals es of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 N First St	ID:	OFC		14.80
San Jose CA 95131				
Paypal 2211 N First St	ID:	OFC		6.10
San Jose CA 95131				1.75
Paypal 2211 N First St	ID:	OFC		1.75
San Jose CA 95131				

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).)

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

Schedule E Payments Made	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period	california 460
SEE INSTRUCTIONS ON REVERSE			through	21 / 22
NAME OF FILER				I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016				1380984
CODES: If one of the following codes accurately describes the	ne payment, you r	nay enter the code. Othe	erwise, describe the payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		id appearances ises ulating s	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology of	ries production costs g, and meals ing, and meals ittees of the same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal 2211 N First St	ID:	OFC		51.04
San Jose CA 95131 Paypal 2211 N First St	ID:	OFC		4.23
San Jose CA 95131		FND		928.68
The Carvery Catering 1909 El Camino Real	ID:			
Redwood City CA 94063 * Payments that are contributions or independent expenditures must al	so be summarized o	n Schedule D.	SI	JBTOTAL \$ 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.

CALIFORNIA 460 Statement covers period from . 22 / 22 through . 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. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nces earch nessenger services	RFD returned c SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis		s eals same candidate/sponst
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Drakes Brewing Company 1933 Davis St	FND	0.00	1412.50	0.00	1412.50
San Leandro CA 94577 ID: Ghirardelli Chocolate 1111 139th Av	FND	0.00	90.80	0.00	90.80
Leandro CA 94578			<u> </u>		L

•	

1502 20

* 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 Schedu accrued expenses of \$100 or more, plus total unitemized accrue 	ile F, Column (b) subtotals fo d expenses under \$100.)	Γ	INCURRE	TOTALS \$	1503.30
Total accrued expenses paid this period. (Include all Schedule F accrued expenses of \$100 or more, plus total unitemized payme	, Column (c) subtotals for pa ents on accrued expenses un	yments on der \$100.)	PAII	O TOTALS \$	0.00
3. Net change this period. Subtract Line 2 from Line 1. Enter the on the Summary Page, Column A, Line 9.)	difference here and		***************************************	NET \$	1503.30

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

2 00 0

	R P	

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in in	k.	Date Stamp	EANDRO 2001/02 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2015	Date of election if applicable: (Month, Day, Year)	FEB 0 1 2 CITY CLERK'S	For Official Use Only
1. Type of Recipient Committee: All Committee	tinough	2. Type of Stateme	nt.	
	Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	☐ Pre-election Statem ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Expla	ment ment nent	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Ed Hernandez for San Leandro City Council 2016	I.D.NUMBER 1380984	Treasurer(s) NAME OF TREASURER Kenneth Pon CPA		
STREET ADDRESS (NO P.O. BOX) 151 Callan Ave 306		MAILING ADDRESS 151 Callan Ave 306		
CITY STATE ZIP COD SAN Leandro CA 94577 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	510/895-2011	CITY San Leandro NAME OF ASSISTANT TREASUI	STATE CA RER, IF ANY	ZIP CODE AREA CODE/PHONE 94577 (510) 895-2011
CITY STATE ZIP COD		MAILING ADDRESS		
OPTIONAL: FAX/E-MAIL ADDRESS (510) 895-2018 kponcpa@spryi	net.com	CITY	STATE	ZIP CODE AREA CODE/PHONE
		OPTIONAL: FAX/E-MAIL ADDRE (510) 895-2018	ss kpor	ncpa@sprynet.com
4. Verification I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjury Executed on 01/26/2016 DATE Executed on 01/26/2016 DATE Executed on DATE Executed on DATE DATE DATE		fornia that the foregoing is true SSISTANT TREASURER MEASURE PROPONENT OR RESPONSIBLE	OFFICER OF SPONSOR	
Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER,	CANDIDATE, STATE MEASURE PROPONEN	Т	FPPC Form 460 (JAN/05) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

2/9

Officeholder or Candidate Controll	ed Committee	6. Ballot Meas	ure Committe	e		
NAME OF OFFICEHOLDER OR CANDIDATE Ed Hernandez		NAME OF BALLOT I	MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS Sought: City Council Member City Of	STRICT NUMBER IF APPLICABLE) San Leandro 2	BALLOT NO. OR LE	TTER JURISD	CTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the contr	olling officeholder, c	andidate, or state	measure prop	onent, if any.
151 Callan Ave 306	San Leandro CA 94577	NAME OF OFFICEH	OLDER, CANDIDATE, C	R PROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by you contributions or to make expenditures on behalf of your contributions.	or are primarily formed to receive	OFFICE SOUGHT O	R HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Fo	rmed Commit	tee List name	s of officeholder	(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEH	OLDER OR CANDIDAT	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	O.BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICEH	OLDER OR CANDIDAT	E OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEH	OLDER OR CANDIDAT	E OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEH	OLDER OR CANDIDAT	E OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P	ZIP CODE AREA CODE/PHONE		Attach continua	tion sheets if nec	essary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.	from	FORM	460
SEE INSTRUCTIONS ON REVERSE		through	3/9	,
NAME OF FILER Ed Hernandez for San Leandro City Council 2016			1.D. NUMBER 1380984	
	· · · · · · · · · · · · · · · · · · ·		7 100000	

Ed Hernandez for San Leandro City Council 2016							1380984		
Contributions Received	(FRON	COLUMN A TOTAL THIS PERIOD LATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Y Running ir General El	Both	the State		
Monetary Contributions Schedule A, Line 3	\$	6600.00	. \$_	6600.00					
2. Loans Received Schedule B, Line 7		1850.00		1850.00	OD Ozabilania		through 6/30	7/1 to	Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	8450.00	- \$_	8450.00	20. Contribution Received	\$	0.00	\$	0.00
4. Nonmonetary Contributions Schedule C, Line 3		1560.00		1560.00	21. Expenditure	ıs			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4		10010.00	- \$_	10010.00	Made	\$	0.00	\$	0.00
Expenditures Made			•		Expenditu		nit Summa	ry for Sta	te
6. Payments Made Schedule E, Line 4	\$		- \$_	1500.00	Candidates	3			
7. Loans Made Schedule H, Line 7		0.00		0.00			ative Expenso Voluntary E		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$			1500.00	(17.5	ubject t	o voluntary E	tpenditure Lir	mit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00	-	0.00	Date of I	Election dd/yy)		Total to Da	ate
10. Nonmonetary Adjustment Schedule C, Line 3		1560.00		1560.00	(
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	3060.00	. \$_	3060.00			_ \$		
Current Cash Statement							_ \$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	• •	calculate Column B, add ounts in Column A to the					(
13. Cash Receipts Column A, Line 3 above		8450.00	- cor	responding amounts					,
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		n Column B of your last ort. Some amounts in					
15. Cash Payments Column A, Line 8 above		1500.00		umn A may be negative					
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	6950.00		otracted from previous					
If this is a termination statement, Line 16 must be zero.				iod amounts. If this is first report being filed					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	- car	this calendar year, only ry over the amounts					
Cash Equivalents and Outstanding Debts			fron any	n Lines 2, 7, and 9 (if /).	*Since Januar				may be
18. Cash Equivalents See instructions on reverse	\$	0.00	-		different from	amount	s reported in	Column B.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1850.00	-					O Family 455	141100
			l		F	PPC To	۶۲۲ II-Free Helpl	C Form 460 ine: 866/ASI	

Schedule .	A	Тур	pe or print in ink.				SCHEDULE A
Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement cov	vers period		FORNIA 460
SEE INSTRUCTIO	NS ON REVERSE			through			4/9
NAME OF FILER						I.D. Nu	mber
Ed Hernandez	for San Leandro City Council 2016					1380	984
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/22/2015	2950 Merced Park Properties LLC 2950 Merced St 109 San Leandro CA 94577 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00	,
Rcpt Dt: 12/18/2015	Anthony A. Batarse Jr 10550 International BI Oakland CA 94603 ID:	X IND COM OTH PTY SCC	President/CEO Lloyd A Wise Co	1000.00	100	0.00	
Rcpt Dt: 12/06/2015	Jeffrey S. Falero 1611 138th Av San Leandro CA 94578 ID:	X IND COM OTH PTY SCC	Engineer AEPC Group LLC	100.00	10	0.00	
Rcpt Dt: 12/31/2015	FH Dailey Chevrolet 800 Davis St San Leandro CA 94577 ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	
Rcpt Dt: 12/21/2015	Katherine Frates 2062 Evergreen Av San Leandro CA 94577 ID:	X IND COM OTH PTY SCC	None	100.00	10	0.00	,
			SUBTOTAL	\$			
	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$	6600.00	INE	•	lual pient Committee
2. Amount rece	eived this period - unitemized contributions of less	than \$100	\$	0.00	ОТ	othe) H- Other	er than PTY or SCC)
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co		·	6600.00		Y - Politica C - Small	al Party Contributor Committee

Ionetary Contributions Received			whole dollars.	Statement cov	ers period	CALIFORNIA 460		
EE INSTRUCTIONS	ON REVERSE			through			5/9	
IAME OF FILER Ed Hernandez for	San Leandro City Council 2016				* 1	I.D. Nui 13809		
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	Glenn Gorden 6435 Zumirez Dr 19 Malibu CA 90265 ID:	IND COM OTH PTY	Real Estate Investment/D- evelopment Glenn Gorden	500.00	500	0.00		
	Michael J. Gregory 1648 Daniels Dr San Leandro CA 94577 ID:	IND COM	Regional Acct Manager American Red Cross	200.00	200	0.00		
	David Irmer 1221 Bridgeway 1 Sausalito CA 94965 ID:	X IND □ COM □ OTH □ PTY □ SCC	Real Estate Developer Creekside Associates LLC	1000.00	1000	0.00		
	Jay-Phares Corporation 10700 MacArthur Blvd 200 Oakland CA 94605 ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500	0.00		
4	Kiran R. Karnard 4616 Rockingham Ct Oakland CA 94619 ID:	IND COM OTH PTY	Real Estate Broker Fund One Mortgage Corporation	1000.00	1000	0.00		
			SUBTOTAL	\$				

2. Amount received this period - unitemized contributions of less than \$100\$

(other than PTY or SCC)

OTH-Other

PTY - Political Party SCC - Small Contributor Committee

Schedule A	Α.		e or print in ink.	SCHEDULE A					
Monetary Contributions Received			nts may be rounded whole dollars.	Statement cover	ers period	CALIFORNIA 4			
SEE INSTRUCTION	NS ON REVERSE			through			6/9		
NAME OF FILER Ed Hernandez	for San Leandro City Council 2016					I.D. No 1380			
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 12/10/2015	Charles A. Long 2030 Manzanita Dr Oakland CA 94611 ID:	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Consulting Charles A Long	500.00	50	0.00	•		
Rcpt Dt: 12/09/2015	The Gregori Group Real Estate Inc 555 Dutton Av San Leandro CA 94577 ID:	IND COM SOTH PTY SCC		200.00	20	0.00			

	SUBTOTAL \$	6600.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
2. Amount received this period - unitemized contributions of less than \$100	\$		OTH- Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		SCC - Small Contributor Committee

Color de la D. Dort 4		7	Type or print in in	l-			SCHEE	OULE B - PART 1
Schedule B – Part 1 Loans Received		Amounts may be rounded to whole dollars. Statement covers period from			CALIFORN FORM	[^] 460		
SEE INSTRUCTIONS ON REVERSE					through		7/9	
NAME OF FILER							I.D. NUMBER	
Ed Hernandez for San Leandro City Counci	il 2016						1380984	
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
				PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$0.00	\$1500.00	0.00 %	\$1500.00	\$ 1850.00
San Leandro CA 94577				FORGIVEN		RATE		PER ELECTION**
ID:		0.00	1500.00	0.00		e 0.00	11/02/2015	
☑IND ☐COM☐OTH☐PTY☐SCC			4	Ψ	DATE DUE	Ψ	DATE INCURRED	
				PAID				CALENDAR YEAR
Ed Hernandez 151 Callan Ave 306				\$0.00	\$350.00	0.00_ %	\$350.00	\$1850.00 PER ELECTION**
San Leandro CA 94577 ID:		g 0.00	s 350.00	FORGIVEN 0.00		e 0.00	11/13/2015	

XIND □COM□OTH□PTY□SCC

	SUBTOTAL	.S \$	1850.00 \$	0.00 \$	1850.00 \$	0.00	0
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.)				\$	1	850.00	(Enter (e) on Schedule E, Line 3)
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 Sche	edule A.)			\$		0.00	* Amounts forgiven or paid by another party also must be reported on Schedule A.
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.				Net \$	(may be a nega	850.00 tive number)	** If required.
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC)	OTH-Other	PTY-Poli	tical Party	SCC-Small Contribute	or Committee	FPP	FPPC Form 460 (JAN/05) C Toll-Free Helpline: 866/ASK-FPPC

DATE DUE

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

DATE INCURRED

Schedule C Type or print in ink. SCHEDULE C Amounts may be rounded **Nonmonetary Contributions Received** Statement covers period **CALIFORNIA** to whole dollars. **FORM** from_ 8/9 through. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Ed Hernandez for San Leandro City Council 2016 1380984 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) \ (JAN 1 - DEC 31) IND Rcpt Dt: 12/31/2015 Dir Digital Marketing & Creative Svc Graphic Design Servi-1560.00 1560.00 Rafael G. Arroyo 1229 Sandelin Av □сом ⊐отн □ PTY Model N San Leandro 94577 CA □scc

ID:

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	1560.00	
Schedule C Summary			
Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$	1560.00	*Contributor Codes - IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100		0.00	COM- Recipient Committee - (other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	1560.00	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	CALIFORNIA 460
from	10/4/1
through	9/9

	irom	
SEE INSTRUCTIONS ON REVERSE	through	9/9
NAME OF FILER		I.D. NUMBER
Ed Hernandez for San Leandro City Council 2016		1380984

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

CVC FIL	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	OFC PET PHO POL POS	office expens petition circul phone banks polling and si postage, deli	d appearances ses lating	RFD SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals
------------	--	---------------------------------	--	--------------------------------	---	---

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

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		1500.00
Schedule E Summary		
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.)	TOTAL \$	1500.00