## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

2023 OCT 10 PM 4: 22

Do Not Mark in This Space For Official Use Only

# COVER PAGE

1. NAME OF COMMITTEE						<i>U</i> .				
Hernandez for City Council										
2. TREASURER NAME										
First		MI	Last					Suffix		
Gladys			Rive	ra				Ш		
3. TREASURER ADDRESS										
Street Address			City			State	Zip Co			
136 South Street			Hartford			CT 06114				
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only if Cand	idate Committee)			<ul> <li>Designation (Section)</li> </ul>	RICT NUMBER		
(mm/dd/yyyy) 11/07/2023	City Council						(if applicable)	ı		
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)								
First		MI	Last					Suffix		
Amilcar		I	Hen	nandez						
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ling primary	Ø	7th day preceding referendum		nitial Con		Disbursement		
April 10 filing	●30 days follow	ving primary	y <b>O</b>	O 45 days following referendum				lment to		
July 10 filing	7th day preced	ling election	1 <b>O</b>	Deficit	T	pe of Re	port:			
October 10 filing	12th day prece			Termination	_					
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		1							
9, PERIOD COVERED										
	Beginning Dat	te		Ending Date						
<u>.</u>	07/01/2023		thru —	09/30/2023						
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the per					this <b>Iten</b>	nized Car	mpaign Fi	nance		
Glady Tw	eu	(	Gladys Riv	era			10/10/	2023		
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	1	PRINT NAME OF SIGNER					nm/dd/yyyy)		
A person who is				violated any provisions of the imprisonment or both.	he camp	aign find	ance statu	tes		

Page 1 of 17

#### **SEEC FORM 20**

1 9

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT  July 10 Filing					
Hernandez for City Council	COLUMN A This Period	COLUMN B Aggregate				
11. Balance on hand January 1 of current year for ongoing and party committees OR  Balance on hand from day committee was formed for all other committees		0				
12. Balance on hand at the beginning of Reporting Period	\$0					
13. Contributions Received from Individuals (Sections A and B)	\$7,121.70	\$7,121.70				
14. Receipts from Other Committees (Sections C1 and C2)	0	0				
15. Other Monetary Receipts (Sections D through K)	0	0				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$7,121.70	\$7,121.70				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$7,121.70	\$7,121.70				
19. Expenses Paid by Committee (Section P)	\$463,89	\$463.89				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$6,657.81	\$6,657.81				
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0				
22. In-Kind Donations not Considered Contributions — House Party (Section Ls)	0	0				
23. In-Kind Contributions Received (Section M)	0	0				
24. Refundable Deposit to Telephone Company (Section N)	0	0				
25. Loan Balance	0					
25a. + Loans Received (Section D)	0	0				
25b. + Interest and Penalties on Loan	0	0				
25c Payments on Loan	0	0				
25d. Total Outstanding Loan Amount	0					
26. Campaign Expenses Paid by Candidate (Section Q)	\$152.09	\$152.09				
27. Expenses Incurred on Committee Credit Card (Section R)	0	0				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0					

## I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Fil.		TYPE OF REPORT					
Hernandez for Council				October 10 Filing			
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			nis Period ONLY OTAL SECTION A	\$ 1,190.00			
	emized Cor		utions from Indivi	duals			
Last Name Ayala		- 1	abio				мі A
Residential Street Address		City			State	Zin	Code
102 Linden Street Apt-4L		Holy	oke		MA	1 .	040
Principal Occupation	<u></u>		Name of Employer	<u> </u>	ł	1	<u> </u>
Assistant Director				ive Justice at Amhe	rst Colle	ege	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Cont.	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a No   If yes, indicates the property of governments of governments of the property of the p	ch or		O Legislative No		1 3100.00		
Method of Contribution:	_		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	ction OMoney	Order	5/15/23	\$100.00			
Last Name	<del></del>	Fi					MI
ello Delia						, <u> </u>	
Residential Street Address PO Box 343097		ity Caye	у		State PR	Zip (	Code 737
Principal Occupation			Name of Employer			ــــــــــــــــــــــــــــــــــــــ	·
Retired Retired							
	business he/she i		ndidate for a chief executive ciated with have a contract Yes No			unt o	f Contribution
event reported in Section L1?	a principal of a s icate which bran ment the contrac	сћ ог		e contractor?  Yes No Legislative			
Method of Contribution:		"	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion Money	Order	5/16/23	\$150.00			
Last Name		Fir					MI
Bermudez		_   E	dwin				
Residential Street Address		City		<u></u>	State	Zip (	
3250 Tabby Drive		Clark	sville		TN	370	042
Principal Occupation Retired			Name of Employer Retired				
	business he/she i		ndidate for a chief executive ciated with have a contract  O Yes  No		7, Amo		f Contribution
event reported in Section L1?	principal of a st cate which bran- nent the contract	ch or l	_	Contractor? Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	tion OMoney	Order	Date Received 5/10/23	Aggregate Contributions \$225.00			
	SUBT	OTA	L Section B — This	Page \$475.00	<b>1</b>	•	
	TOTAL	of ac	lditional Section B P	ages \$5,456.70	<del>-</del>		
TOTAL OF ALL CONTRIBUT (Enter			IVIDUALS (Sections A umn A of Summary Page 1			•	

#### I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM Hernandez for	MITTEE (Provide Comple Council	te Name as Registered i	with Filing Repos	itory)		TYPE OF REPORT October 10 Filing				
		C1. (	Contributio	ons from O	ther Com					
Name of Committee					Name of Tr					
N/A			_							
Address				Is this contri event report	ed in Section	ated with an Yes No L1? r, list Event #	Amount o	f Contribution		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions				
Name of Committee					Name of Tre	easurer				
Address			<u>.</u>	Is this contri	(s this contribution associated with an Yes No event reported in Section L1?  ### ### ### ### ### ### ### #########			f Contribution		
City		State	Zip Code	Date Rece	ived	Aggregate Contributions				
Name of Committee					Name of Tro	asurer				
Address					this contribution associated with an Yes No ent reported in Section L1?  If yes, list Event #			Amount of Contribution		
City	State Zip Code				ived	Aggregate Contributions				
	C2. I	Reimbursemen	ts or Surp	lus Distribu	itions fro	m other Committees				
Name of Committee					Name of Tro					
N/A				4000						
Address				City			State	Zip Code		
Date Received	Expenditure # ((f applicable)	Payment Type  OReimbursem	ent for shared e	expense OS	nse OSurplus Distribution			Amount of Reccipt		
Description							7			
Name of Committee			<u> </u>	· <u></u>	Name of Tre	asurer				
Address			<u></u> -	City	.1		State	Zip Code		
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ment for shared	d expense	Surplus Dist	ribution	Amount	of Receipt		
Description				<u>-</u>						
			SUBTO	TAL Sectio	n C — Th	is Page				
			TOTAL	of additiona	l Section (	Pages				
		ALL COMMIT's C1 + C2) (Enter t								

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Regist	tered with Filing Reposito	ory)			REPORT	
Hernandez for Council				October	r 10 Filing	
	D. Loans	Recei	ved this Period			
Name of Lender			Source of Loan:  Bank Cand	O Individu	· Outre	Date of Receipt
N/A			OBank O Cand	lidate O Individua	al Other Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					-	Amount Received
Street Address	City			State	Zip Code	0
Name of Lender	I		Source of Loan: Bank Cand	lidate () Individua	al Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank O Cand	lidate () Individua	al Other	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if upplicable)						Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTION	ON D		
E. Receipts from Entities of	her than Indivi	duals	or Other Comn	nittees (Referen	ıdum Committee	es ONLY)
Name of Entity N/A						
Street Address		-		Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	0
Name of Entity						
Street Address		•		Date Received		Amount Received
City	[5	State	Zip Code	Aggregate Contrib	attions	ı
Name of Entity						
Street Address		_		Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	ntions	
			TOTAL SECTION	ON E		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE ( Hernanez for Council	(Provide Complete Name as Regis		TYPE OF REPORT October 10 Filing			
F.	Amount Transferred	from Affili	iated Bu	siness Treasury (Busine	ss Entity Cor	nmittees ONLY)
Date of Receipt N/A	Is this transaction assoc event reported in Sectio		PYes No	If yes, list Event #	0	Amount
Date of Receipt	Is this transaction assoc event reported in Section		SYes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Sectio		SYes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Sectio		8Yes No	If yes, list Event #		Amount
				TOTAL SECTION	F	
	nsferred from Affilia		Union or	Other Organization		Organization Committees ONLY)
Date of Receipt N/A		Date of Receipt			Date of Receipt	
Amo	dunt		Aı	nount		Amount
				TOTAL SECTION G		
And the second s	era da fara fara a que en um maior fra a un mandra fra de la companya de la companya de la companya de la comp	the Candid	late Reco	cived this Period (Cana	lidate Commi	
Date of Receipt N/A	Method of payment:  OCash	O Pe	ersonal Chec	ck Credit/Debit Ca	ırd	Amount O
Date of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O Pe	ersonal Chec	ck Credit/Debit Ca	ırd	
Date of Receipt	Method of payment:	———— <b>О</b> Ре	ersonal Chec	ck Credit/Debit Ca	ard	Amount
Date of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O Pe	ersonal Chec	ck Credit/Debit Ca	ırd	
				TOTAL SECTION	N H	
		I. And	onymous	Contributions		
amou	ınt. If a committee	receives an e contributi	anonyn on to the	ributions may no long nous contribution, the e State Elections Enfo he General Fund.	campaign	treasurer shall

I. MONETARY RECEIPTS (Sections A-K)

Revised January 2015	I MONDIANT RECENT		11/		
NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		TE OF R		
Hernandez for Council		Oc	tober 1	0 Filing	
	J. Interest from Deposits in Autl				
Name of Institution		Da	te Receive	d į	Amount
N/A	To:				0
Street Address	City	State		ip Code	
Name of Institution		Da	te Receive	<u></u> 1	Amount
Street Address	City	State	Z	ip Code	
	T	OTAL SECTION J			
K. Misce	llaneous Monetary Receipts not	Considered Contr	ibutio	ns	
Name				Transaction	Amount Received
N/A					0
Street Address	City	S	late	Zip Code	
Description					<del>-</del>
Name			Date of	Transaction	Amount Received
Street Address	Cin	Is	tate	Zip Code	
Street Address	City			2.5 5.00	
Description					
			T		
Name			Date of	Transaction	Amount Received
Street Address	City	S	late	Zip Code	
				<u> </u>	
Description					
Name		<u></u>	Date of	Transaction	Amount Received
			1		Amount Accorded
Street Address	City	S	tate	Zip Code	
Description					
•					
	TOTA	L SECTION K		0	
SUMMARY	OF OTHER MONETARY REC	EIPTS (Sections I	) thro	igh K)	
Total Loans Received this Period (Section					0
Total Receipts from Entities other than Ind	ividuals or Other Committees (Section	E) +			0
Total Amount Transferred from Affiliated	Business Treasury (Section F)	+	· · · · · · · · · · · · · · · · · · ·		0
Total Amount Transferred from Affiliated	Labor Union or Other Organization Tr	easury (Section G) +			0
Total Amount of Personal Funds of the Car	ndidate Received this Period (Section H	) +	-		0
Total Amount of Interest from Deposits in	Authorized Accounts (Section J)	+			0
Total Miscellaneous Monetary Receipts no	<del></del>	-			0
(Add Secti	Total of O ons D through K) (Enter total on Line 15, C	ther Monetary Re			0

## II. EVENT ACTIVITY (Sections L1—L5)

		(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Hernandez f	or Counci			October 10 Filing					
			nt Information						
Event # Date of Event 060523	Letter <b>A</b>	Campaign Kick-off/Meet & Greet			Was this a fu • Yes	ndraising event?			
Location: Street	Address		City		State	Zip Code			
369 Capitol	Avenue		Hartford		СТ	06106			
Subpart 1: (A Was this even		ees) a personal residence?		5 In-Kind Donations nuse Party and completers(s) for food, beverage a	e required info	rmation for any			
		le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contrib and complete required information.)  No						
		sale, auction, or other sale of donated items advidual of up to \$100?	OYes (If yes, enter Total Rec	\$0					
	rchases of	nittees, Municipal Candidates and Political Compadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.	Committees) 3 Purchases of Advertiplete required informa		i Program Book			
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			OYes (If yes, enter Total Rec	eipts here.)	\$0				
Event # Date of Event N/A	Letter	Description		!	Was this a fu	ndraising event?			
Location: Street	Address		City		State	Zip Code			
Subpart 1: (A Was this event		ees) a personal residence?	OYes (If yes, go to Section Lands Associated with a Houpurchases made by host	ise Party and complete	e required infor				
		e goods or services donated by a business entity nated by an individual of up to \$100?							
		sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$				
Subpart 2: (Pa Were there pur sign associated	rchases of a	ittees, Municipal Candidates and Political Commundvertising space in a program book or on a fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section L3 or on a Sign and comp	3 Purchases of Adverti		Program Book			
	nittee sell f	nittees ONLY)  ood or beverage at a fair or similar mass  state with this fundraiser?	OYes (Hyes, enter Total Reco	eipts here.)	\$				
SUBTOT	AL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	. 0				
			ion L1—Subpart 3 (Town Commit ipts from Food Purchases—'		0	<u></u>			
			TOTAL of additional Section	Li Pages	0				
			IPTS FROM SMALL PUF	Control of the contro	0				

#### II. EVENT ACTIVITY (Sections L1-L5)

			, 2012 com	mittees are no longer re			
		om a committee tag s  e as Registered with Filing Reposite	·	, or a sale of donated it		ection L2.	removed
Hernandez for Cou	<del></del>	a de la grapate de la		October 1			·
		urchases of Advertisi	no in a Proo	ram Book or on a Sign			
Name of Purchaser		dichases of red cities.	ig in a 1 106	Turn Door or on a Digit	Purch	ase Made By:	gggs ver in the edges varieties
N/A					Ов	usiness Entity ndividual/Sole 1	Other Proprietorship
Street Address		<u> </u>	City		10"	State	Zip Code
ı							1
	· · · · · · · · · · · · · · · · · · ·						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of S	ign Purchase
Name of Purchaser					Purch	ase Made By:	
					Ов	usiness Entity	Other
					OIn	dividual/Sole I	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	ign Purchase
				Ĭ			
			· · · · · · · · · · · · · · · · · · ·				
Name of Purchaser					_	ase Made By:	Oulean
						usiness Entity idividual/Sole I	
Street Address			City		I Om	State	Zip Code
Sirect Address			City			State	Zip Codo
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	ign Purchase
Name of Purchaser			····		Purcha	ase Made By:	
					$O^{B_1}$	usiness Entity	Other
					O In	dividual/Sole I	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	chase	Amount of Si	gn Purchase
				g			
Name of Purchaser						ise Made By:	<b>A</b> 0.1
					1 -	usiness Entity	Other
Street Address			City		Um	dividual/Sole F	Zip Code
offeet Addiess			City			State	Zip Code
							<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	chase	Amount of Si	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book — This Page		0	
	SUBTOT	AL Section L3 Total Purc	hases of Adver	tising on a Sign — This Page		0	<del></del>
			TOTAL of	f additional Section L3 Pages		0	
Te	OTAL OF ALL PURCE			RAM BOOK or ON A SIGN on A of Summary Page Totals)		0	

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name as	Registered with Filing Rep	ository)	TYPE OF	REPORT		
Hernandez for Cour	ncil			October	10 Filing		
	L4.	In-Kind Donation	ons Not Cons	idered Contributions			
Name of Donor				······································			
n/a							
Street Address	<u></u>		City			State	Zíp Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	Market Val	ue of Donation
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
OSole Proprietorship							
Name of Donor					···	<del>"</del>	
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	Market Val	ue of Donation
OBusiness Entity							
OIndividual	Date Received	Event #	<del></del>	Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor	<u> </u>						<u></u>
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair N	l Aarket Val	t ue of Donation
OBusiness Entity							
O Individual	Date Received	Event #		Aggregate value for this Event		÷	
O Sole Proprietorship							
			HPTOTAL Cost	ion L4— This Page			
			OBTOTAL Sect	ion £4— i ius rage	0		
		T(	TAL of addition	nal Section L4 Pages	0		
TOT	'AL OF ALL IN-KIND				0		}
	(	Enter total on Line 2	1, Column A of Si	ummary Page Totals)	<u> </u>		

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Repo	ository)		TYPE OF RE	PORT	
Hernandez for Council			<del></del>	October 10	) Filing	
L5. I	n-Kind Donations Not Conside	red Contributions Associ	ated with a	House Par	ty	
Name of Host N/A			committee?	supporting m OYes ON omplete Itemiza	o	ne candidate or
Street Address		City	19,900,0	- Itelia	State	Zip Code
Description of Danation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	hast/candidate			
Name of Host	<u> </u>		committee?	supporting mo OYes ON omplete Itemize	o	ie candidate or
Street Address		City	27 year, c	omprote Heilinz	State	Zip Code
						'
Dest die af Destina				T =		
Description of Donation			•	Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host	<u> </u>		Is this event	supporting me	ore than or	ne candidate or
			i i	OYes ON omplete Itemiza		lendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Market Value of Donation		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this is	host/candidate	-		
				<u> </u>		
Name of Host			Is this event	supporting mo	ore than on	e candidate or
				omplete Itemiza		lendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	host/vandidate			
		SUBTOTAL Section L5 —	This Page		0	
	T	OTAL of additional Section	L5 Pages		0	
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I	T CONSIDERED CONTRI Line 22, Column A of Summary			0	
			- <del></del>			

#### III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

Revised January 2015	1.110	1414101	I I II I I I I I I I I I I I I I I I I	II KEC	2 <b>3</b> 22.	II Ib (beeno	119 117	-0)		
NAME OF COMMITTEE (Provide Complete	Name as Res	gistered with	Filing Reposito	ну)	127		+	OF REPORT	HE WARKET	
Henandez for Council		·					Octob	er 10 Filing	and a Charles on the	
			M. In-K	Kind Cont	tril	butions				
Name										
N/A					Taxa.				Lossia	Tru Cada
Street Address					City	7			State	Zip Code
Type of contributor: Committee	Date Receiv	wed	Aggregate Co	ontributions	L	Description of In-Kind	Contributio	<u> </u>		
Oldividual / Sole Proprietorship Other	1	vea.	Viffino Om	All IDUKO		Description of in 15	William	111		
	10	bution is in	evcess of \$40	00 to a candid	late	for a chief executive o	fficer of a	municipality.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does con valued at	ntributor or than	business he/sh n \$5,000?	he is associate	ed w	vith have a contract wi	th said m	unicipality		Market Value s Contribution
Is this contribution associated with an			utor a principa , indicate whic			actor or prospective sta	ate contra	ctor? SYes		
event reported in Section L1?  If yes, list Event #	O No		, indicate whic ernment the co			Executive (	C Legis	lative		
Name	<u></u>			-	_					
Street Address					City	,			State	Zip Code
										<u> </u>
Type of contributor: Committee	Date Receiv	ved	Aggregate Cor	ntributions	$\Box$	Description of In-Kind (	Contributio	n.		
OIndividual / Sole Proprietorship OOther	<u> </u>									
Is contributor a lobbyist, spouse, Yes						for a chief executive of with have a contract w				Market Value s Contribution
or dependent child of a lobbyist? O No	4	at more than		nt is associat	-	Yes No	IIII Saici	шпстранту	QI tui	s Contribution
Is this contribution associated with an	<b>34</b> )					actor or prospective sta	ite contra			
event reported in Section L1?  If yes, list Event #	O No		indicate which ernment the co			nches Executive	Legisl	ative ONo		
Name		·.			<u> </u>		<u>~</u>	<u></u>		<u> </u>
Street Address					City				State	Zip Code
Type of contributor: Committee	Date Receive	red	Aggregate Con	ntributions		Description of In-Kind C	Contributio	£Ī.		
OIndividual / Sole Proprietorship OOther	l									
Is contributor a lobbyist, spouse, Yes						for a chief executive o				Market Value s Contribution
or dependent child of a lobbyist? No						Yes No	ilii sana n	шистранту	O) tur	ક િમારા છાલ્લા
Is this contribution associated with an		Is contribu	tor a principal	of a state cor	ntra	ctor or prospective sta	te contrac	otor? QYes		
event reported listed in Section L1?  If yes, list Event #	O No		indicate which rument the cor			nches Executive (	Legisla	ative ONo		
			TIS T	DTATAT (	o of	tion M — This Pag			<u></u>	<u> </u>
							41.650 3015.14			<u>-</u>
			TOT	AL of addit	tion	nal Section M Page	s	0	***	
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS Œ	inter total on L	ine 23, Colun	nn A	1 of Summary Page Tol	tals)	0		
		Refunc	dable Dep	osit to Te	== elei	phone Compan	7			
Last Name of Individual	ediding a serial trans-			First	'63.E	Appendix actions to the same	Julijana engl	MI	Date Deposi	it Made
N/A				1					•	
Residential Street Address			City	<u></u>			State	Zip Code		
ACSIGEIII II DII COL FAMILOSS			Ciny	'			State	Zip Coac	4	Amount of Deposit
	_									Lepton
Name of Telephone Company										
Street Address			City	7	_	Ţ	State	Zip Code	$\neg$	
		**************************************				1	31,55	L		<del></del> -
TOTAL SE	CTION:	N (Enter t	lotal on Line ?	24, Column /	4 of	Summary Page Total	(s)	0		

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPOR				
Hernandez for Council				October 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:			
Red Rock Tavern			6/5/23	O Check # 1001			
Street Address		City		O Debit Card OEFT State Zip Code			
369 Capitol Avenue		Hartford		CT 06106			
Purpose of Expenditure	Description		Event #	Amount			
(by code) FNDR	Campaign Kick-off / Meet & Greet		\$230.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA  OB OC D						
Name of Payee			Date of Payment	Method of Payment:			
Bank of America				Check # O Debit Card			
Street Address		City		State Zip Code			
790 Maple Avenu	e	Hartford		CT 06106			
Purpose of Expenditure	Description		Event #	Amount			
(by code)  MISC	Bank Checks for Campaign Purposes			\$51.49			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	) O Independ		) p			
Name of Payee			Date of Payment	Method of Payment:			
Anedot			6/30/23	Check # Debit Card			
Street Address		City	-	State Zip Code			
1340 Poydras Stre		et Suite 1770 New Orleans					
Purpose of Expenditure (by code) MISC	Description		Event #	Amount			
MISC	Donation Processing Fees			\$182.40			
Expenditure # (ty applicable)  Type of Expenditure (Hemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure)  Independent							
	O Coordinated without reimbursement sought (in-kind contr	tionOAOBOCC	) D				
Name of Payee			Date of Payment	Method of Payment:  Check #			
Street Address		City		O Debit Card EFT State Zip Code			
		,					
Purpose of Expenditure (by code)	Description	Еуепт# Атопп					
Expenditure # (yf applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) [O Independ	ŕ	) D			
	\$463.89						
TOTAL of additional Section P Pages \$463.				\$463.89			
	TOTAL OF ALL EXPER (Enter total on Line	NSES PAID BY COM 19, Column A of Summary		\$463.89			

NAME OF COMMIT Hernandez for Co	TEE (Provide Complete Name as Registered with Filing Rep		TYPE OF REPORT October 10 Filing				
ricmandezior eo		Evenance Daid by Co		ining			
Nome of Paves (Mama af	Vendor, Person or Entity who candidate paid directly)	Expenses Paid by Car	Date of Payment	Is rein	abursement claimed?		
WIX	у сиция, 1 сизон т Еницу эчно сшиницие риш апессоу з		5/17/23		• Yes • No		
Street Address		City		State	Zip Code		
500 Terry A Francois Boulevard Fl-6		San Francisco		CA	94158		
Purpose of Expenditure (by code) WEB	Description Website Hosting	Event #	\$24.4	Amount \$24.46			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  GoDaddy			Date of Payment 5/7/23		nbursement claimed?  Yes No		
Street Address		City		State	Zip Code		
2155 E. GoDaddy	Way	Tempe		AZ	85284		
Purpose of Expenditure (by code) WEB	Description Website Domain Name Purchase		Event #	\$3.17	Amount \$3.17		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is rein	abursement claimed?		
Wix			6/15/23	<b>©</b>	• Yes • No		
Street Address	<del></del> -	City		State	Zip Code		
500 Terry A France	ois Boulevard Fl-6	San Francisco		CA	94158		
Purpose of Expenditure (by code) WEB	Expenditure Description  WEB Website Hosting			\$24.4	Amount \$24.46		
Name of Payee (Name of )	Vendor, Person or Entity who candidate paid directly)	<del></del>	Date of Payment	Is rein	ibursement claimed?		
Hernandez for Cit	y Council		4/21/23	0	Yes O No		
Street Address  Bank of America, 790 Maple Avenue		City Hartford		State CT	Zip Code 06114		
Purpose of Expenditure (by code) MISC	Description Deposit to Open Bank Account		Event #	\$100	Amount \$100		
Name of Person / Bluma of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Ic raim	Is reimbursement claimed?		
ivame of f ayee (wante ay )	ения, гегон от глану то сомнише рай инсину,		Duc of Paymon		O Yes O No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of V	 /endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	bursement claimed?  Yes No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
		SUBTOTAL Section Q	— This Page	\$152,09			
		TOTAL of additional Sec	ction Q Pages	\$152.09			
		EXPENSES PAID BY Con Line 26, Column A of Summ		\$152,09			

# IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing buncil	Repository)	TYPE OF REP October 10 I	
		ncurred on Committee (	Credit Card	
Name of Issuing Inst		Type of Credit Card:		
N/A		O Visa OMass	ter Card Discover C	American Express Other:
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R  None of the below  Coordinated with reimbursement sought (jo  Coordinated without reimbursement sought	pint expenditure) [ In-	ow" is checked)  dependent ganization: OA OB OC	с 🔿 в
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum R  None of the below Coordinated with reimbursement sought (jo Coordinated without reimbursement sought	pint expenditure)	ow" is checked) dependent ganization: OA OB OC	C O D
Name of Vendor, Person of	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R. None of the below Coordinated with reimbursement sought (jo Coordinated without reimbursement sought	oint expenditure) 🔘 Inc	ow" is checked) dependent ganization: OA OB Oc	C O D
		SUBTOTAL Section R	— This Page	0
		TOTAL of additional Sect	iion R Pages	0
ТО	TAL OF ALL EXPENSES INCURRE (Enter tota	ED ON COMMITTEE CRI al on Line 27, Column A of Summ		0

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPOR	Tasas			
Hernandez for Council				October 10 Filing				
	S. Expenses Incurred by Co	ommittee but N	ot Paid Duri	ng this Period	u sa			
Name of Creditor					Date Incur	ared		
N/A								
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	Event#				Amount Incurred (Estimate or Actual)		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kine).	spenditure)	Independent	·	O D			
Name of Creditor					Date Incur	red		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	#		nount Incurred stimate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	penditure)	Independent	OA OB OC	Op			
Name of Creditor					Date Incur	red		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	¥		ount Incurred timate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	O Independent		00	-		
		SUBTOTA	L Section S-This	s Page	0			
		TOTAL of add	litional Section S	Pages	0			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DI (Enter total o	URING THIS PEI on Line 28, Column			0			
	Previously reported l	Expenses Unpaid	and still Outstan	iding	0			
	TOTAL OF ALL EXPENSES INCURF (Enter total on	RED BY COMMI n Line 28a, Column 2			0			
		****				,		

B 1 2/						e OF REPORT ober 10 Filing			
	T. Itemization of Reim	bu	rsements and Secon	dary l	Payees				
Last Name of Worker/Consultant Hernandez			First / Amilcar			MI 	Date of Payment to Vendor, Person or Entity 6/28/23		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant WIX						to Reimburse in Section P: eck #1002	_	Worker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	_	City				State	Zip Code	
500 Terry A Franco	is Boulevard Fl-6		San Francisco				CA	94158	
Purpose of Expenditure (by code) WEB	Description Website Hosting	Event #				Amount \$48.92			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: OA OB OC OD								
Last Name of Worker/Cons	altant	Fi	rst			MI		ayment to Vendor,	
Hernandez		A	milcar			1	Person o 6/28/	. *	
Name of Vendor, Person or GoDaddy	Entity Paid by Committee Worker/Consultant	<b></b>			reported	to Reimburse in Section P: eck # <u>1002</u>	_	Worker/Consultant as	
Street Address of Vendor, F 2155 E. GoDaddy V	Person or Entity Paid by Committee Worker/Consultant		City Tempe		,,,		State AZ	Zip Code 85284	
Purpose of Expenditure (by code) WEB	Description Website Domain Name Purchase			Event#			\$3.17	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	endit	ure) [Indepe	ndent C		O O			
Last Name of Worker/Cons	ultant	Fi	rst			МІ	Date of I Person o	ayment to Vendor, Entity	
Hernandez		Α	Amilcar			6/28/23			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Hernandez for City Council					reported	to Reimburse in Section P: eck #1002	_	Vorker/Consultant as	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		i	City				State	Zip Code	
Bank of America, 7	90 Maple Avenue		Hartford		1		ст	06114	
Purpose of Expenditure (by code) MISC	Description Deposit to Open Bank Account	نـــ		Event#			\$100.0	Amount	
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditu	nre) 🔘 Indepen	ndent C	d) A o B	ОСОВ	•	l	
		٤	SUBTOTAL Section T -	– This ]	Page		\$152.	09	
		T(	OTAL of additional Secti	ion T P	ages		0		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	Vα	RKERS AND CONS	ULTA	NTS		\$152.	09	
						· ·		<del></del>	