SEEC FORM 20

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

Page 1 of 17

2023 JUL 10 PM 1: 40

COVER PAGE

1. NAME OF COMMITTEE					g van belde T	Color de		
Hernandez for City Council			<u>.</u>	-				
2. TREASURER NAME					i n yak		1 - 7 2 7 7 14	
First		MI	Last					Suffix
Gladys			Rivera					11
3. TREASURER ADDRESS			e de la companya de l			i, la v _y ga s		
Street Address		Cit	y			State	Zip (Code
136 South Street		Ha	artford			СТ	061	14
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete on	ly if Candida	te Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	City Council						(if applicab	le)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)						
First		MI	Last	· · · · · · · · · · · · · · · · · · ·				Suffix
Amilcar		1	Herna	ndez				
8, TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ling primary	O 7tl	a day preceding referendum		nitial Con		or Disbursement
April 10 filing	O30 days follow	ving primary	O45	days following referendum	_	Amendmer		
July 10 filing	7th day preced	ling election	O De	eficit	r	ype of Rep		
October 10 filing	12th day prece		OTe	rmination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No							
9. PERIOD COVERED								
	Beginning Dat	te		Ending Date				
	04/21/2023		thru	06/30/2023				
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the pe					his Ite ı	mized Car	mpaign I	Pinance
Glades Live	1.	Gla	dys River	a			07/10	0/2023
TREASURER OF DEPUTY TREASURI	ER (SIGNATURE)	PRI	NT NAME	OF SIGNER		-	DATE	(mm/dd/yyyy)

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) Hernandez for City Council	TYPE OF REPORT July 10 Filing	
Territories for each entire fo	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	O
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 L5)	0	0
23. In-Kind Contributions Received (Section M)	0	Ó
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	ME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Hernandez for Council				July 10 Filing							
A. Total Contributions from Sn (See instructions for definition of Small Co	and all all a comments of the comment of the commen		is Period ONLY OTAL SECTION A	\$ 1,190.00	and the second	<u></u>	Magazania Magazan - Magaza n				
	B. Itemized Co.	ntrib	utions from Indivi	duals							
Last Name	and the second s	Fir	at the final profession and the man and the final property and an analysis	entre en receptation de la company de la company		. 10,131.5	MI				
Ayala		Fa	abio				Α				
Residential Street Address		City			State	Zip (
102 Linden Street Apt-4L		Holyd	oke		MA	010	040				
Principal Occupation			Name of Employer								
Assistant Director			Center for Restorat	ive Justice at Amhei	st Colle	ege 					
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribu					
1	Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or t	branches _	e contractor? Yes OLegislative							
Method of Contribution:			Date Received	Aggregate Contributions	-						
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	5/15/23	\$100.00							
Last Name		Fir	st				MI				
Bello		D	elia								
Residential Street Address		City			State	Zip (Code				
PO Box 343097		Cayey	y		PR	007	737				
Principal Occupation			Name of Employer								
Retired			Retired								
or dependent child of a lobbyist? O No		to a candidate for a chief executive officer of a municipality, are is associated with have a contract with said municipality Yes No S150,00					f Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a so of government the contract	nch or l	branches	e contractor? Yes No Legislative							
Method of Contribution:			Date Received	Aggregate Contributions	1						
OCash OPersonal Check OCredit/Debit Care	rd Payroll Deduction Money	Order	5/16/23	\$150.00							
Last Name		Fir	rst			Legendoli	Мі				
Bermudez		E	dwin								
Residential Street Address		City			State	1	Code				
3250 Tabby Drive		Clark	sville 	·	TN	370	042				
Principal Occupation			Name of Employer								
Retired			Retired				<u> </u>				
or dependent child of a lobbyist? One	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution				
Is this contribution associated with an event reported in Section L1? **Moderate Control of the	o If yes, indicate which bran										
Method of Contribution:			Date Received	Aggregate Contributions							
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	5/10/23	\$225.00			-				
	SUBT	OTA	L Section B — This	Page \$475.00							
	TOTAL	of ac	lditional Section B P	ages \$5,456.70							
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page								

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM Hernandez for	MITTEE (Provide Compl Council	ele Name as Regisieri	d with Filing Repos	ilory)		TYPE OF REPORT July 10 Filing		
		C1.	Contribution	ons from	Other Com	mittees		
Name of Committee				afra Maudi sa Marakani	Name of Trea	asurer	Covering party in a vision	AS TO THE THE TANK THE PROPERTY OF
N/A								
Address				Is this co	orted in Section I	ited with an OYes ONo .1? list Event #	Amount	of Contribution
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee	A CONTRACTOR OF THE CONTRACTOR				Name of Trea	surer		
Address				Is this co	orted in Section L	eted with an Yes No 1? 1ist Event #	Amount	of Contribution
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
Name of Committee		<u> </u>			Name of Trea	surer		
Address					orted in Section L	ted with an Yes No .17 list Event #	Amount	of Contribution
City		State	Zip Code	Date R	eceived	Aggregate Contributions		
	C2	Reimburseme	nts or Surn	lus Distri	butions from	n other Committees		
Name of Committee					Name of Trea		Security of the Security of the	The second second second second
N/A								
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	e	· <u> </u>			Amou	it of Receipt
		OReimburs	ement for shared of	expense (Surplus Distribu	ution	0	
Description								
Name of Committee				Managara (Name of Trea	sures		<u> </u>
			,					
Address				City			State	Žip Code
Date Received	Expenditure# (if applicable)	Payment Typ	rsement for share	d expense	Surplus Distri	bution	Amour	nt of Receipt
Description		<u>L</u>		·_ ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-				
			SUBTO	TAL Sect	tion C — Thi	s Page		
			TOTAL	of additio	nal Section C	Pages	*	
		ALL COMMI s C1 + C2) (Ente						
						· ————————————————————————————————————		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Reposito	iry)				REPORT	
Hernandez for Council					uly 10	Filing	
	D. Loans	Receiv	ed this Period	d			
Name of Lender N/A			Source of Loan: OBank Ca	andidate ()	Individu	al Other	Date of Receipt
	1.60		0			Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	0
Name of Lender			Source of Loan: Bank Ca	andidate 🔘	Individua	Other	Date of Receipt
Street Address	City			,	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)			<u> </u>			<u> </u>	O Yes O No Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan;	<u> </u>			Date of Receipt
			OBank OCa	andidate 🔘	Individua	Other Committee	
Street Address	City	<u></u>			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			<u> </u>			<u> </u>	Amount Received
Street Address	City	***************************************			State	Zip Code	
			TOTAL SEC	TION D			
E. Receipts from Entitie	s other than Indivi	duals (or Other Con	nmittees	(Referei	idum Committe	es ONLY)
Name of Entity N/A		···			o di di consegni		
Street Address				Date Re	ceived		Amount Received
	······································						0
City		State	Zip Code	Aggreg	ate Contril	outions	
Name of Entity							eran (M. 1997) — un constant a un constant a constant (M. 1997) — except un comun
Stant Adding				I Tour S	i		Amortis Device 1
Street Address				Date Re	ceivea	,	Amount Received
City		State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity		<u></u>			nierora ssekarot in traceja, p	, and the second se	
Street Address				Date Re	ceived		Amount Received
		G44	[2: 0:				
City		State	Zip Code	Aggreg	ate Contril	butions	
			TOTAL SEC	TION E			**************************************

NAME OF COMMITT Hernanez for Coun	BE (Provide Complete Name as Registe ncil	red with Filing R	Repository)			TYPE OF July 10 I	
	F. Amount Transferred	from Affil	iated Bu	ısiness Tr	easury (Busir	iess Entity C	Committees ONLY)
Date of Receipt	Is this transaction associate event reported in Section	ated with an	8Yes No	If yes, list E		The transfer of the state of th	Amount 0
Date of Receipt	Is this transaction associa event reported in Section		8Yes No	If yes, list E	vent #		Amount
Date of Receipt	Is this transaction associate event reported in Section		8Yes No	If yes, list Ev	vent#		Amount
Date of Receipt	Is this transaction associa event reported in Section		8Yes No	If yes, list Ev	vent #		Amount
				ТОТ	AL SECTION	YF	
G. Amount T	ransferred from Affiliat	ed Labor	Union 01	r Other O	rganization	Treasury	(Organization Committees ONLY)
Date of Receipt	[1	Date of Receipt	1	l		Date of Recei	pt
0	Amount		Aı	mount			Amount
					SECTION	Atomics 1	
Date of Receipt	H. Personal Funds of t	he Candid	iate Rec	eived this	Period (Can	ididate Com	Mittees ONLY) Amount
N/A	O Cash	O P	Personal Che	eck (Credit/Debit C	Card	0
Date of Receipt	Method of payment: Cash	O P	Personal Che	eck (Credit/Debit C	Card	Amount
Date of Receipt	Method of payment: OCash	O P	ersonal Che	eck (Credit/Debit C	Card	Amount
Date of Receipt	Method of payment:	O P	ersonal Chec	ck (Credit/Debit C	Card	Amount
				TO	FAL SECTIO	ON H	
		I. An	onvnious	s Contribi	itions		
an	Per Public Act 11-48, a mount. If a committee r immediately remit the	Anonymoreceives an	ous Contr n anonyn ion to the	ributions i	may no long tribution, the ections Enf	e campaig	gn treasurer shall

I. MONETARY RECEIPTS (Sections A--K)

NAME OF COMMITTEE (Provide Complete Name as Registered with 1	Filing Repository)	TYP	E OF RI	PORT		
Hernandez for Council		July	10 Fili	ng		
J. Interest f	rom Deposits in Authorized Accou	nts				
Name of Institution		Date	Received	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	Amount
N/A						0
Street Address	City	State	Zi	p Code		
Name of Institution	في مستقول و المستقول المستقول و الشاول و والشاول و والشا	Date	Received			Amount
Street Address	City	State	Zi	p Code		
	TOTAL SECTION)N J		anni gʻilgani i kargodi. Garasiyali alaqqiy		
K. Miscellaneous Mo	metary Receipts not Considered C	ontri	1			
Name N/A			Date of	Transaction		Amount Received
Street Address	City	Sta	ite	Zip Code		0
Description		<u>.]</u>		1		
Name	annial ligania alla gana di la la gana di la la gana di la la gana di la gana di la gana di la gana di la gana		Date of	ransaction		Amount Received
Street Address	SS City					
Description		L_		L		
Name			Date of	Fransaction	!	Amount Received
Street Address	City	Sta	te	Zip Code		
Description						
Name	States of States and States and States of States of States of States of Telephone States and States on Sta		Date of	Fransaction		Amount Received
Street Address	City	Sta	te	Zip Code		
Description		<u>-l</u>		1		
	TOTAL SECTION K			0		
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	gh K)		
Total Loans Received this Period (Section D)						0
Total Receipts from Entities other than Individuals or Other	ner Committees (Section E)	+				0
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+				0
Total Amount Transferred from Affiliated Labor Union o		G) +				0
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+	<u> </u>			0
Total Amount of Interest from Deposits in Authorized Ac		+				0
Total Miscellaneous Monetary Receipts not Considered C		+	46 3 (453)497		er generalija	0
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summa					0

II. EVENT ACTIVITY (Sections L1-L5)

	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Hernandez for Council			July 10 Filing						
	L1. Even	t Information							
Event # Date of Event Letter	Description			Was this a fun	draising event?				
060523 A	Campaign Kick-off/Meet & Greet			⊙ Yes	O _{No}				
Location: (Street Address		City		State	Zip Code				
369 Capitol Avenue		Hartford		ст	06106				
Subpart 1: (All Committ			· · · · · · · · · · · · · · · · · · ·						
Was this event hosted at	a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	e 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 Contributions and complete required information.) No							
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	ointe hara \						
with purchases from an in		O No	——→	\$ O					
Subpart 2: (Party Comm	ittees, Municipal Candidates and Political Comm		Committees)						
Were there purchases of a sign associated with this	advertising space in a program book or on a fundraiser?	OYes (If yes, go to Section La or on a Sign and comp ONo	Purchases of Adverti-		Program Book				
Subpart 3: (Town Comm									
	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.)	\$0					
gamering neid within me	State with this fundraiser?	⊙ No	1	•					
		· · · · · · · · · · · · · · · · · · ·							
Event #	Description			W 4.1 C	1				
Date of Event Letter N/A	·			Was this a fun OYes	draising event? ONo				
Location: Street Address	<u> </u>	City		State .	Zip Code				
					!				
Subpart 1: (All Committee	205)	<u> </u>							
Was this event hosted at a	•	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No							
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required to No	4 In-Kind Donations no information.)	ot Considered (Contributions				
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eints here.)						
with purchases from an in				\$	[]				
		O No	L		===-				
	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?	ittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Advertis		Program Book				
Subpart 3: (Town Comm									
Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$					
gamering near within the	state with this fundraiser?	ONo	L						
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts fre		This Page	0					
		on L1—Subpart 3 <i>(Town Committ</i> pts from Food Purchases — T		0					
		TOTAL of additional Section	Li Pages	0					
		PTS FROM SMALL PUR Line 16a, Column A of Summary		0					

II EVENT ACTIVITY (Sections L1-L5)

Revised Juneary 2015		H. EVENTAC.	11/17 1 (5	sections L1—	-L/3)	<u> </u>	
		3, effective January I om a committee tag s					
NAME OF COMMITT	EE (Provide Complete Name	e as Registered with Filing Reposit	orji)		TYPE OF REPORT		
Hernandez for Coun	cil				July 10 Filing		
	L3, Pı	urchases of Advertisi	ng in a Prog	ram Book or o	on a Sign		
Name of Purchaser		<u> </u>			Pu	rchase Made By:	K
N/A					1 2) Business Entity) Individual/Sole i	_
Street Address			City			State	Zip Code
			3,				
Date Received	Event#	Aggregate Purchases	for All Evente	Amount of By	gram Ad Purchase	Amount of S	ign Purchase
Date Received	DVCIR #	riggiogae i monusos	NOT AUT EACHED	Amount of I is	gram Ad Turchase	Amountors	igu x urcuașt
		[
Name of Purchaser		Commission of Section (1972) and the section of the	and the second of the second second that the second		f .	rchase Made By:	
					1 =	Business Entity	Other
						Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser	mann ma' arman ar a ganga ara a sarang	en de la companya de	The second secon		Pu	rchase Made By:	A STATE OF THE STA
					C	Business Entity	Other
					C	Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser					ł	rchase Made By:	~ • ·
						Business Entity	-
Street Address			Lav) Individual/Sole : State	
2dect Addiesz			City			State	Zip Code
			<u></u>				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchase	Amount of S	igu Purchase
	/	ł					
Name of Purchaser		and the state of t			Pu	rchase Made By:	<u> </u>
					C	Business Entity	Other
					Ċ) Individual/Sole :	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Day	gram Ad Purchase	Amount of S	ign Purchase
Date Received	Livent #	Aggregate 1 menases	IOI All LYCIAS	Amount of Fre	gram Au Furchase	Amount of 5	ign i ui cuase
							!
	SUBTOTAL Sect	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	
			TOTAL A	f additional Secti	on La Pages	0	
TO	TAL OF ALL PURCE	IASES OF ADVERTISIN				·	
				nn A of Summary		0	

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	BE (Provide Complete Name as Reg	istered with Filing Reposito	ry)	TY	PE OF REPORT		
Hernandez for Coun	cil			July	/ 10 Filing		
	L4. In	-Kind Donations	Not Conside	ered Contributio	ns		
Name of Donor							<u> </u>
n/a							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Val	ue of Donation
OBusiness Entity							•
O Individual	Date Received	Event #	<u></u>	Aggregate Value for this	Event		
O Sole Proprietorship					ļ		
Name of Donor	The state of the s			:	The state of the s		
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair	Market Val	ue of Donation
OIndividual	Date Received	Event#	·	Aggregate Value for this	Event		
Sole Proprietorship							
Name of Donor							77.2.1
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		_1		Fair	 Market Val	ue of Donation
OBusiness Entity					****		ar of Bollman
O Individual	Date Received	Event #		Aggregate Value for this	Event		
O Sole Proprietorship							
Name of Donor	· · · · · · · · · · · · · · · · · · ·				<u>.</u>	<u></u>	
Street Address			City			State	Zip Code
Donation Given By: O Business Entity	Description of Donation				Fair	Market Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for this !	Event		
		SUB	TOTAL Section	L4 — This Page	0		
		TOTA	L of additional	Section L4 Pages	0		
FOT	'AL OF ALL IN-KIND DO (Ent	NATIONS NOT CO er total on Line 21, C			0		

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	B (Provide Complete Name as Registered with Filing Re	pository)		TYPE OF REPO	RT	
Hernandez for Coun	cil			July 10 Filing		
	L5. In-Kind Donations Not Consid	ered Contributio	ns Associated with a I	House Party		
Name of Host			committee?	supporting more OYes ONo omplete Itemizatio		
Street Address		City			tate	Zip Code
Description of Donation				Fair Marke	t Value o	of Donation
Event#	Aggregate Value of this Event—ull hosts	Aggregate Value of a	ll Events—this host/candidate			
Name of Host			committee?	supporting more OYes ONo mplete Itemizatio		
Street Address		City		S	tate	Zip Code
Description of Donation				Fair Marke	t Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of a	ll Events—this host/candidate			
Name of Host			committee?	Supporting more OYes ONo mplete Itemizatio		
Street Address		City			tate	Zip Code
Description of Donation		· · · · · · · · · · · · · · · · · · ·		Fair Market	t Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of a	ll Events—this host/candidate			
Name of Host			committee?	supporting more OYes ONo mplete Itemizatio		
Street Address		City		St	tate	Zip Code
Description of Donation				Fair Market	t Value o	f Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of a	Events—this host/candidate			
		SUBTOTAL Sec	tion L5 — This Page		0	
		TOTAL of additio	nal Section L5 Pages		0	
	L OF ALL IN-KIND DONATIONS NOT A HOUSE PARTY (Enter total on		O CONTRIBUTIONS of Summary Page Totals)		0	
	· ·	-				

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)	52 (1883) 14 (1972)		TYPE	OF REPORT		and the second and second
Henandez for Council						July 10	0 Filing		
			M. In-Kind Co	ntı	ibutions				
Name									
N/A									
Street Address				Ci	ty			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions	┸	Description of In-Kin	nd Contributi	on	_L	<u> </u>
OIndividual / Sole Proprietorship OOther									
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		excess of \$400 to a canobusiness he/she is associ \$5,000?						Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a state indicate which branch ernment the contract is w	or br		_	⊘ No		
Name									
Street Address				Ci	ly			State	Zip Code
Type of contributor: Committee O Individual / Sole Proprietorship OOther	Date Recei	ived	Aggregate Contributions		Description of In-Kir	d Contributio	on	_ 	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a can business he/she is assoc n \$5,000?						Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of a state indicate which branch or rnment the contract is w	or br		_	ONo		
Name									
Street Address				Ci	у			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Contributions		Description of In-Kin	d Contributio	on		<u>-I</u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		excess of \$400 to a can business he/she is assoc a \$5,000?						Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes	If yes,	tor a principal of a state indicate which branch or rnment the contract is w	or bra		_	ONo		
			SUBTOTAL	ر Se	ction M — This P	age	0		
			TOTAL of ad	ditio	onal Section M Pa	ges	0		
TOTAL OF ALL IN-KIND CON	TRIBU	rions (e	inter total on Line 23, Co	lumn	A of Summary Page	Totals)	0		
	N.	Refunc	lable Deposit to	Tel	ephone Compa	iny			
Last Name of Individual			First				MI	Date Deposi	t Made
N/A			}						
Residential Street Address			City			State	Zip Code		Amount of Deposit
Name of Telephone Company		· <u> </u>		<u></u>			<u> </u>		
Street Address			City			State	Zip Code		
TOTAL SE	ECTION	N (Enter i	otal on Line 24, Colum	n A	of Summary Page To	(als)	0		<u></u>

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 REPORT			
Hernandez for Co			July 10 Filing		-	
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment		f Payment: ck # 1001	
Red Rock Tavern			6/5/23	O Debi		
Street Address		City		State	Zip Code	
369 Capitol Avenu	ue	Hartford		СТ	06106	
Purpose of Expenditure	Description		Event #		Amount	
(by code) FNDR	Campaign Kick-off / Meet & Greet		060523A	\$230.00		
Expenditure#	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	7		
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control					
Name of Payee	Commission Mittadit terributisettierit 2015tit (m-vina conti	Organiza	Date of Payment	Method of	f Payment:	
Bank of America			1	O Chec	k#	
		Let.		O Debi	t Card ① EFT	
Street Address	_	City		State	1	
790 Maple Avenu		Hartford		СТ	06106	
Purpose of Expenditure (by code)	Description		Event #		Amount	
MISC	Bank Checks for Campaign Purposes			\$51.4	9	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is a	hecked)	7		
(if applicable)	None of the below	·				
	Coordinated with reimbursement sought (joint expenditure					
Name of Payee	Coordinated without reimbursement sought (in-kind contri	Organizat	Date of Payment	Method of	Payment:	
Anedot 6/30/23				Chec	*	
				O Debi		
Street Address	at Suita 1770	City		State	Zíp Code	
1340 Poydras Stre	et suite 1770	New Orleans		LA	70112	
Purpose of Expenditure	Description		Event #	1	Amount	
(by code) MISC	Donation Processing Fees			\$182.	40	
Expenditure #	Type of Expenditure (Hemization in Addendum P Required to	nless "None of the below" is	checked)	7	,	
(if applicable)	None of the below				,	
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)					
Name of Payee	G coordinated without resident sought (in-kind cont	Organiza	tior OA OBOCO D Date of Payment	والمستوا والمستوال	f Payment:	
Manie Of Tuyeo			Dute of Luymon	O Chec	•	
				O Debi		
Street Address		City		State	Zip Code	
_						
Purpose of Expenditure (by code)	Description		Event #		Amount	
(by code)						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)	7		
(if applicable)	O None of the below	·	•			
	Coordinated with reimbursement sought (joint expenditur	· •				
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	tion OA OB OC OB	1		
	S	UBTOTAL Section P —	This Page \$4	63.89		
	ТО	TAL of additional Section	n P Pages \$4	63.89		
	TOTAL OF ALL EXPE	NSES PAID BY COM	85/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/	53.89	, , , , , , , , , , , , , , , , , , ,	
and the second second second second second	Lame to the Off Line		- "Perkuma"		·	

	TEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT				
Hernandez for Cou	ıncil			July 10 Filing			
	Q. Campaign Exp	enses Paid by Candi	idate		A STATE OF		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	ls reimb	oursement claimed?	
WIX				5/17/23	0	Yes O No	
Street Address		City			State	Zip Code	
500 Terry A Franco	ois Boulevard Fl-6	San Francisco			CA	94158	
Purpose of Expenditure (by code) WEB	Description Website Hosting		Event#	i	Amount		
	_				\$24.46	·	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	oursement claimed?	
GoDaddy				5/7/23	O Yes O No		
Street Address	At	City			State	Zip Code	
2155 E. GoDaddy \	way	Tempe			AZ	85284	
Purpose of Expenditure (by code) WEB	Description		Event #			Amount	
MEB	Website Domain Name Purchase				\$3.17		
Name of Payee (Name of V	'endor, Person or Entity who candidate paid directly)	أسيب مسيوب مساور بسموسا المساوي		Date of Payment	Is reimb	sursement claimed?	
Wix				6/15/23	0	Yes O No	
Street Address		City			State	Zip Code	
500 Terry A Franco	ois Boulevard Fl-6	San Francisco			CA	94158	
Purpose of Expenditure	Description	<u></u>	Event#	!	1	Amount	
(by code) WEB			\$24.46	•			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	oursement claimed?	
Hernandez for City	Council			4/21/23	0	Yes 🔿 No	
Street Address		City			State	Zip Code	
Bank of America, 7	790 Maple Avenue	Hartford			СТ	06114	
Purpose of Expenditure (by code)	Description		Event #		Amount		
MISC	Deposit to Open Bank Account				\$100		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		1	Date of Payment Is reimbur		ursement claimed?	
				I	0	Yes 💍 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)		1	Date of Payment	ls reimo	ursement claimed?	
	- -				0	Yes 🔘 No	
Street Address City				:	State	Zip Code	
						<u> </u>	
Purpose of Expenditure (by code)	Description		Event #		-	Amount	
	S	UBTOTAL Section Q —	-This	Page	\$152.09		
	TO	TAL of additional Sectio	n Q P	ages	\$152,09		
	TOTAL OF ALL EXP	ENSES PAID BY CAL	THE RESERVE OF THE PARTY OF		\$152.09		
			210 ARA 98	North Co.			

NAME OF COMMIT Hernandez for Co	PEE (Provide Complete Name as Registere puncil	d with Filling Repository)	TYPE OF L July 10 Fi		
	R, Ex	penses Incurred on Committ			
Name of Issuing Inst	itution	Type of Credit Ca	rd;		
N/A		O Visa	Master Card Discover	OAmerican Express OOt	her:
Name of Vendor, Person	or Entity			Date of Transactio	ρū
Street Address		City		State Zip (Code
Purpose of Expenditure (by code)	Description		Event #	Amou	unt
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Act None of the below Coordinated with reimbursemen Coordinated without reimbursemen	ddendum R Required unless "None of the at sought (joint expenditure) ment sought (in-kind contribution)	below" is checked) Independent Organization (A O B	Oc O D	
Name of Vendor, Person	or Entity			Date of Transaction	on
Street Address		City		State Zip C	Code
Purpose of Expenditure (by code)	Description		Event#	Amoi	nnt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Act None of the below Coordinated with reimbursemer Coordinated without reimburser	ddendum R Required unless "None of the nt sought (joint expenditure) ment sought (in-kind contribution)	below" is checked) Independent Organization (A OB	Oc Op	
Name of Vendor, Person of	or Entity			Date of Transactio	n
Street Address		City		State Zip (Code
Purpose of Expenditure (by code)	Description		Event#	Amos	unŧ
Expenditure # (if applicable)	Type of Expenditure (Itemization in Act None of the below Coordinated with reimbursemen Coordinated without reimbursemen		below" is checked) Independent Organization: OA OB	Ос Ов	
		SUBTOTAL Section	n R — This Page	0	
		TOTAL of additional	Section R Pages	0	
TO	ITAL OF ALL EXPENSES IT	NCURRED ON COMMITTEE (Enter total on Line 27, Column A of S		0	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	asitory)		TYPE OF RE	PORT	TOP 15 YOUR	
Hernandez for Co				July 10 Fil		····	
	S. Expenses Incurred by C	Committee but	Not Paid D	uring this Per	iod		
Name of Creditor						Date Incu	пed
N/A							
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		Е	vent #			nount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Reg. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	Independ	•	Эс Ов		
Name of Creditor						Date Incu	rred
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		E	vent#			nount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req None of the below Coordinated with reimbursement sought (joint e) Coordinated without reimbursement sought (in-	expenditure)	Independent	•)с Ов		
Name of Creditor						Date Incur	тed
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		Ev	vent#			nount Incurred timate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Req None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	O Independ	•	ж О́в		
		SUBTOT/	AL Section S-1	This Page		0	
		TOTAL of ad	ditional Sectio	n S Pages		0	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE I (Enter tota	OURING THIS PE l on Line 28, Column				0	
	Previously reported	l Expenses Unpaid	and still Outs	tanding		0	
	TOTAL OF ALL EXPENSES INCUR (Enter total)	RRED BY COMM on Line 28a, Column				0	

	3E. (Provide Complete Name as Registered with Filing Repositor	(ע			PE OF RE				
Hernandez for Cou		regis			y 10 Filii	ıy	30 T 12 S V V V 13 T		
Last Name of Worker/Cons	T. Itemization of Reiml	Fi		uary ra	yees	Mi	Date of P	ayment to Vendor,	
Hernandez	wight	1	milcar			1	Person or	Person or Entity 6/28/23	
re re					reported in	Payment to Reimburse Committee Worker/Consultant as reported in Section P: Check #1002 Debit Card EFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City		<u> </u>		State	Zip Code	
500 Terry A Francois Boulevard FI-6			San Francisco				CA	94158	
Purpose of Expenditure (by code) WEB	Description Website Hosting			Event #		i	\$48.92	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) 🔘 Indepe		0 0) O			
Last Name of Worker/Cons	ultant	Fin	st			MI		ayment to Vendor,	
Hernandez		A	milcar			1	6/28/	-	
Name of Vendor, Person or GoDaddy	Entity Paid by Committee Worker/Consultant				reported in	o Reimburse 2 Section P: ck #1002	_	Vorker/Consultant as	
	Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2155 E. GoDaddy Way Tempe						State AZ	Zip Code 85284	
Purpose of Expenditure (by code) WEB	Description Website Domain Name Purchase			Event#	-	:	\$3.17	Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe	ndit	ure) 🔘 Indepe		О С				
Last Name of Worker/Cons	ultant	Fin	rst			MI	Date of F	ayment to Vendor, Entity	
Hernandez		A	milcar			1	6/28/	23	
Name of Vendor, Person or Hernandez for City	Entity Paid by Committee Worker/Consultant y Council				reported is	Payment to Reimburse Committee Worker/Consultant as eported in Section P: Check # 1002 Debit Card EFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City		1=		State	Zip Code	
Bank of America, 7	90 Maple Avenue		Hartford				СТ	06114	
Purpose of Expenditure (by code) MISC	Description Deposit to Open Bank Account			Event#	- <u></u>		\$100.0	Amount	
Expenditure # (if applicable)									
			SUBTOTAL Section T -	– This Pa	ge	<u>-</u>	\$152.	09	
TOTAL of additional Section T Pages					0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	УC	PRKERS AND CONS	ULTAN	TS		\$152.	09	
	روه برور و المهرور و	في السند							

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				SPECIAL COMMUNICATION OF THE PARTY OF THE PA
				NEW TOTAL PROPERTY OF THE PROP
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				ASSESSMENTAL PROPERTY OF THE P

Section B ADDITIONAL PAGE 1 of 12

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT		
Hernandez for Council			no-	July 10 Filing		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	Os 1,5790.00: 40		
			ELECT A			
	B. Itemized Co.	ntrib	utions from Indivi	duals		
Last Name		7.77,000.77	rsi	<u> 1999 - Printer Grand Grand de la companya de la c</u>	entropy (construct)	MI
Blythe		Įν	'enica			(
Residential Street Address		City			State	Zip Code
10 Carol Rd		West	: Hartford		СТ	06110
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Teacher			State of Connecticu	ut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					nount of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brai	ich or	branches	_ ⊙ №		
If yes, list Event #	of government the contract	t is wit		OLegislative	_	
Method of Contribution: OCash OPersonal Check OCredit/Debit O	Cord O'Power II Doduction O'Mouse	Ordon	Date Received 6/30/23	Aggregate Contributions \$100.00		
	and Orayton Deduction Owioney			7100.00		MI
Last Name Cruz		Fi.	ose Ose			Naj
Residential Street Address		City			State	Zip Code
4452 Ixora Circle		Lake	Worth		FL	33461
Principal Occupation			Name of Employer			
Lineman	•		Primoris			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
	Yes Is contributor a principal of a If yes, indicate which brate of government the contract	nch or	branches	te contractor? Yes		
Method of Contribution:	or go reminent the contract	20 10 111	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	5/12/23	\$100.00		
Last Name		Fi	rst	The state of the s		МІ
Dawes		0	iirard			
Residential Street Address		City			State	Zip Code
54 Walker Street		Man	chester		СТ	06040
Principal Occupation			Name of Employer			
Director			Our Piece of the Pie	e, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	branches	e contractor? Yes No		
Method of Contribution:	or Bo terminous are contrac		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/30/23	\$100.00		
	SUBT	OTA	L Section B — This	Page \$300.00	 	
	TOTAL	of a	dditional Section B I	ages \$5,631.70		
TOTAL OF A	ALL CONTRIBUTIONS FROM		IVIDUALS (Sections / umn A of Summary Page			
	(arei totat on Elle)	٠, ٠,٠	man 11 of Gammin's 1 age		······	

Section B ADDITIONAL PAGE 2 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	C11-560 2897 28	this Period ONLY TOTAL SECTION A	\$1,190.00			
B. Itemized C	Contri	butions from Individ	duals	area en		
Last Name		First			MI	
Fonfara		John	_			
Residential Street Address	City			State	Zip Code	
99 Montowese Street	Har	tford		СТ	06114	
Principal Occupation		Name of Employer		**		
Energy		Wattifi				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which b of government the contributor approximately If yes, indicate which b of government the contributor approximately Is contributor If yes, indicate which Is contributor If yes, indicate which	ranch o	contractor or prospective state r branches vith: ©Executive	Character? Syes			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	er 6/30/23	\$100.00			
Last Name	F	First			MI	
Galarza		Amilcar				
Residential Street Address	City		····	State	Zip Code	
332 Freeman St	Har	tford		CT	06106	
Principal Occupation		Name of Employer			·	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a ca he is ass	andidate for a chief executive ociated with have a contract O Yes O No	officer of a municipality with said municipality	, Amo	ount of Contribution 0,00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # of government the contributor a principal of the section L1?	stanch o	_	e contractor? Yes No Legislative		!	
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	iey Orde	_r 5/10/23	\$240.00	1		
Last Name	-	First			MI	
Galarza		Lavynia				
Residential Street Address	City			State	Zip Code	
3250 Tabby Drive	Clar	ksville		TN	37042	
Principal Occupation		Name of Employer		L	<u> </u>	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	00 to a ca he is ass	andidate for a chief executive ociated with have a contract of Yes No	officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security					i	
Method of Contribution:		Date Received	Aggregate Contributions		·	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	r 5/30/23	\$250.00			
SUI	втота	AL Section B — This	Page \$590.00			
TOTA	AL of a	additional Section B P	ages \$5,341.70			
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections A	+B) (\$7,121.70	····		
		olumn A of Summary Page T				

Section B ADDITIONAL PAGE 3 of 12

٥f	1	2
***	•	7

A. Total Contributions from Small Contributors' Received this Period ONLY SUBTOTAL SECTION A SUBTOTAL SECTIO	NAME OF COMMITTEE (Provide Complete Nam	ie as Registered with Filing Repository)			TYPE OF REPORT			
Substitution for definitions of Small Countribution Substitution Substituti	Hernandez for Council				July 10 Filing			
Secretarian Part Color					\$1,190.00			
Secretarian Part Color			and a contra			en e	constituentes	
State Contribution		B. Itemized Co	ntrib	utions from Indivi	duals			
Residential Sneet Address Rectired Rect			1					1
Rocky Hill CT O6067						Stot	e 7	in Code
Retired Securitivation a slothyrist, spouse, or dependent child of a lothyrist Securitivation associated with an event reported in Section L17 Section Section L17 Section L17 Section L17 Section L17 Section Section L17 Section L17 Section Section L17 Section L17 Section Section L17				y Hill		ļ	- 1	•
Is contributor a lobbysist, spouse, or dependent child of a lobbysist? No)			Name of Employer				
does contributor or business he/she is associated with any acquired with said municipality Very list lives not find a lobbysis? Ocal at more time \$5,0007 Very list lives not find the contracted with any event reported in Section 1.17 If yee, list lives not which branch or branches of government the contract is with: Ocal Personal Cheek Occedit/Debit Card Opayroll Deduction Ondoney Order First Kare District Name First Kare Stee 2 Zip Code Tolland Steed Address 32 Merrow Road Tolland Steed Address Stee 2 Zip Code Tolland Archdiocese of Hartford Steed Address Stee 2 Zip Code Tolland Archdiocese of Hartford Steed Address Stee 2 Zip Code Tolland Amount of Contribution Steed Address Stee 2 Zip Code Tolland Amount of Contribution Steed Address Stee 2 Zip Code Tolland Amount of Contribution Steed Address Stee 2 Zip Code Tolland Amount of Contribution Steed Address Urb. Santa Juanita Calle 31 GG - 25 No None of Employee Retired Sectional Steed Address Stee 2 Zip Code Steed Tolland Andres Stee 2 Zip Code Tolland Amount of Contribution Steed Tolland Steed Tolland Amount of Contribution Steed Tolland Amount of Contribution Stee	Retired			Retired				
event reported in Section L17 Ves. Ist Event #	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order S 6/30/23 \$250.00 Last Name Gross First Karen Mil State City Tolland Creation Tolland	event reported in Section L1?	No If yes, indicate which brar	nch or l	branches _	_ ① No			
Last Name Gross Residential Street Address 32 Merrow Moad Principal Occupation Fund Development Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation Fund Development Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation Fund Development Is contributor of lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation Is this contributor of lobbyist, spouse, or dependent child of a lobbyist? No Principal Occupation Is this contributor of lobbyist of the security of t	Method of Contribution:			Date Received	Aggregate Contributions	\neg		
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Tolland CT 06084	Gross		K	aren				
Principal Occupation Fund Development Name of Employer Archdiocese of Hartford	Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	e Z	ip Code
Fund Development Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No No No No No No No No No N	32 Merrow Road		Tolla	nd		CT	ļo	6084
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Who less contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Cay Date Received Aggregate Contributions State PR	Principal Occupation			Name of Employer		ـــــــــــــــــــــــــــــــــــ		 _
State Principal Occupation Principal Oc	Fund Development			Archdiocese of Hart	tford			
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Urb. Santa Juanita Calle 31 GG - 25 Principal Occupation Retired Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Ocash Orersonal Check Ocredit/Debit Card Orayroll Deduction Omoney Order SUBTOTAL Section B — This Page \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B), \$7,123.70	Hernandez		Α	ndres				l l
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Ocash OPersonal Check Ocedit/Debit Card OPayroll Deduction OMoney Order TOTAL of additional Section B Pages \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) 57,121,70	Residential Street Address		City			State	e Z	ip Code
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order SUBTOTAL Section B — This Page \$625.00 TOTAL of additional Section B Pages \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B), \$7,121.70	Urb. Santa Juanita Calle 31 GG - 25		Baya	mon		PR	(0	0956
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order TOTAL of additional Section B Pages \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$7,121.70	Principal Occupation			Name of Employer		ــــــــــــــــــــــــــــــــــــ		
or dependent child of a lobbyist?	Retired			Retired				
event reported in Section L1? If yes, list Event # Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she		ciated with have a contract				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/30/23 \$250.00 SUBTOTAL Section B — This Page \$625.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$7.121.70	event reported in Section L1?	No If yes, indicate which bran	nch or l	branches	_ ⊙ No			
SUBTOTAL Section B — This Page \$625.00 TOTAL of additional Section B Pages \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$7,121.70	Method of Contribution:				<u> </u>			•
TOTAL of additional Section B Pages \$5,306.70 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$7,121.70	OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	5/30/23	\$250.00	_		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$7,121.70		SUBI	OTA	L Section B — This	Page \$625.00			
	Line Section	TOTAL	ofac	Iditional Section B P	ages \$5,306.70		<u> </u>	
	TOTAL OF A							

Section B ADDITIONAL PAGE 4 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Recei		is Period ONLY OTAL SECTION A	\$1,190.00			
					,	
B. Itemized Co	ontrib	utions from Indivi	duals	000445105) :		
Last Name	Fii	rst			MI	
Hernandez	C	indy				
Residential Street Address	City			State	Zip Code	
Ext. Punta Palma Calle Puerto Bzn-169	Barce	eloneta		PR	00617	
Principal Occupation		Name of Employer				
Food Preparer		Head Start				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brateful of government the contral.	anch or l	branches _	e contractor? Yes No Legislative			
Method of Contribution;		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	5/24/23	\$250.00			
Last Name	Fir	st			MI	
Jinelle	Н	ooker			•	
Residential Street Address	City			State	Zip Code	
87 Prospect street	Mano	chester		CT	06040	
Principal Occupation		Name of Employer			<u></u>	
Community School Manager		Hartford Public Sch	ools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fixed which broad of government the contributor approach of government the contributor.	anch or	branches	e contractor? Yes No			
Method of Contribution:			Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/30/23	\$150.00			
Last Name	Fir	st			MI	
Lebron	N	ick				
Residential Street Address	City			State	Zip Code	
192 Laurel St	Hartf	ord		CT	06105	
Principal Occupation		Name of Employer		,	<u></u>	
Councilman		City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a can e is assoc	didate for a chief executive ciated with have a contract Yes O No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? ONO ONO ONO ONO ONO ONO ONO O						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	5/16/23	\$100.00			
SUB	ТОТА	L Section B — This	Page \$500.00			
TOTA	L of ac	lditional Section B P	ages \$5,431.70			
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A				
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Section B ADDITIONAL PAGE 5 of

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,190.00			
B. Itemized C	ontri	butions from Indivi	duals	ANGE E		
Last Name	and the second	First			MI	
Medina	 	Sonia				
Residential Street Address	City			State	Zip Code	
55 Brittany Farms Road Apt-109	Nev	v Britain	-	CT	06053	
Principal Occupation		Name of Employer				
Insurance Agent		AAA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				y, Am \$75	ount of Contribution	
event reported in Section L1? No If yes, indicate which be	ranch oi		e contractor? Yes No Legislative			
If yes, list Event # 060523A of government the cont Method of Contribution:	idet 15 W	Date Received	Aggregate Contributions	\dashv		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Orde		\$75.00			
Last Name	F	irst			MI	
Moran]1	Hector				
Residential Street Address	City			State	Zip Code	
371 Franklin Avenue Apt-2S	Hart	tford		CT	06114	
Principal Occupation	 -	Name of Employer				
Manager		Penthouse Cigar Sh	ор			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060523A Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor.	ranch o		e contractor? SYes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	r 6/5/23	\$100,00			
Last Name		First			MI	
Moro		Patricia				
Residential Street Address	City	ما مام		State	Zip Code	
13 Baldwin Ave	iviei	iden	 	CT	06450	
Principal Occupation Chief Financial Officer		Name of Employer Our Piece of the Pie	. Inc			
			· ·-,,,,,,,,,, 			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? We is a contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is principal of If yes,	anch or		e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	f 5/15/23	\$100.00			
SUBTOTAL Section B — This Page \$275.00						
TOTAL of additional Section B Pages \$5,656.70						
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A olumn A of Summary Page 1				
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Section B ADDITIONAL PAGE 6 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Hernandez for Council	- 45			July 10 Filing			
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)	The state of the s	7-24-1-2	is Period ONLY OTAL SECTION A	\$1,190.00			
B. Ite	mized Co	ntrib	utions from Indivi	duals		-6, 5,	
Last Name		Fi	rst				MI
Negron		A	ixa				
Residential Street Address		City			State	Zip	Code
Urb. Santa Juanita Calle 31 GG-25		Baya	mon		PR	00	956
Principal Occupation			Name of Employer				
Retired			Retired				
	usiness he/she		ndidate for a chief executive clated with have a contract Oyes No			Amount of Contribu	
event reported in Section L1? No If yes, indica	ate which bran	ich or l	ntractor or prospective state	_ O No			
 	ent the contrac	a is wh	Date Received	OLegislative	_		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deducti	ion O Money	Order	5/9/23	Aggregate Contributions \$100.00			
Last Name		Fir	st				MI
Ortiz		D	aniel				
Residential Street Address		City			State	Zip	Code
139 Freeman St		Hartf	ord		CT	06	114
Principal Occupation			Name of Employer	·	·		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$1.	isiness he/she i	o a can is assoc	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	1	nount o	of Contribution
event reported in Section L1?	principal of a s ate which brar ent the contrac	nch or	ontractor or prospective state	e contractor? Yes No			
Method of Contribution:		. 15	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on O Money	Order	6/5/23	\$200.00			
Last Name	~	Fir	est				MI
Ortiz		Li	berty				
Residential Street Address	(City	,		State	Zip	Code
139 Freeman St	ļ	Hartf	ord		СТ	06	114
Principal Occupation			Name of Employer			<u> </u>	
Executive Assistant			Hartford Hospital				
	ısiness he/she i		didate for a chief executive ciated with have a contract Yes No		İ	25.00	of Contribution
event reported in Section L1?	principal of a s ate which bran	ich or t		\mathbf{O}_{N_0}			İ
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney	Order	6/4/23	\$125.00			•
SUBTOTAL Section B — This Page \$425.00							
TOTAL of additional Section B Pages \$5,506.70							
TOTAL OF ALL CONTRIDUTIONS CROWN INDIVIDUAL CO. 25. (1987)							
			mn A of Summary Page '				

Section B ADDITIONAL PAGE 7 of 12

NAME OF COMMITTEE (Provide Complete Nat	nne as Registered with Filing Repository)	ng disk	ienie ieros ir Bosonio Euro	TYPE OF REPORT	AU 25 06	
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,190.00			
	B. Itemized Co.	ntrib	utions from Indivi	duals	20 100 ACL	
Last Name		eleverier er er er	rst		AND STATES OF THE STATES OF TH	Мі
Perez		E	ddie			
Residential Street Address		City		·····	State	Zip Code
64 Catherine St	:	Hartf	^f ord		СТ	06106
Principal Occupation			Name of Employer			
Transport Coordinator			CREC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060523A	Yes Is contributor a principal of a s If yes, indicate which brat of government the contract	nch or	branches	e contractor? Yes OLegislative		
Method of Contribution;			Date Received	Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order		\$75.00		
Last Name		Fir	rst		سيسبلب	Мі
Piazza		P.	ablo			
Residential Street Address		City			State	Zip Code
7125 Inverness Court		West	Chester		ОН	45069
Principal Occupation			Name of Employer			
Engineer			General Electric			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business he/she is associated with have a contract with said municipality				ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which brat of government the contract	nch or	branches	te contractor? Yes		
Method of Contribution:			Date Received	Aggregate Contributions	-	
Cash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	5/10/23	\$100.00		
Last Name	<u> 1985-yılının 1981-yılının 200-yılının 200-yılının 1981-yılının 1981-</u>	Fir	rst		يسيين عليب	MI
Pitts		Q	Quentin			_
Residential Street Address		City		<u> </u>	State	Zip Code
87 Prospect Street		Mand	chester		CT	06040
Principal Occupation			Name of Employer			
Job Developer			Wheeler Clinic			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				~)	ount of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which brat of government the contrac	nch or l	branches	e contractor? Yes ONo		
Method of Contribution:	or government the contrac	. 13 17/1	Date Received	Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/5/23	\$100.00		
	SUBI	гота	L Section B — This	Page \$275.00		
	TOTAT	ofac	dditional Section B P	ages \$5,656.70		-
TOTAL OF	ALL CONTRIBUTIONS FROM			S N	ساكسيواسد	
IVIALUT			umn A of Summary Page			··· <u>·</u> ································

Section B ADDITIONAL PAGE 8 of 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Hernandez for Council	July 10 Filing	July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ONLY ION A \$1,190.00	\$1,190.00				
B. Itemized Co	ntributions fron	ı Individuals				
Last Name	First	<u> </u>	MI			
Plaza	Rosa		E			
Residential Street Address	City		State Zip Code			
290 South St	Hartford		CT 06114			
Principal Occupation	Name of Emplo	yer	<u></u>			
HR Director	Our Piece o	of the Pie, Inc.				
or dependent child of a lobbyist? ONo does contributor or business he/she	is associated with have		^			
valued at more than \$5,000?	OYes .	⊙ No	\$250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches	ective state contractor? Executive OLegislative Yes No				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/26/23	\$250.00				
Last Name	First		MI			
Rios	Damaris		,			
Residential Street Address	City		State Zip Code			
332 Freeman St	Hartford		CT 06106			
Principal Occupation	Name of Emplo	yer				
Social Work Supervisor	Klingberg I	Family Centers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		of executive officer of a municipality a contract with said municipality No	Amount of Contribution \$250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	pective state contractor? Executive () Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/8/23	\$250,00				
Last Name	First		MI			
Rivera	Hector					
Residential Street Address	City		State Zip Code			
8 Hollandview Drive	Bloomfield		CT 06002			
Principal Occupation	Name of Emplo	yer				
President & CEO	Our Piece o	of the Pie, Inc.	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of 400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No S191.70						
event reported in Section L1?						
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 5/12/23	\$191.70				
SUBTOTAL Section B — This Page \$691.70						
TOTAL of additional Section B Pages \$5,240.00						
TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (S					
		WAS ASSESSED.				

Section B ADDITIONAL PAGE 9_

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Hernandez for Council			July 10 Filing				
A. Total Contributions from Sm (See instructions for definition of Small Co			s Period ONLY TAL SECTION A	\$ 1,190.00			
	B. Itemized Cor	ntribu	itions from Indivi	duals	e en e		
Last Name		Firs	t				MI
Rivera		Pa	ige			,	
Residential Street Address		City			State	Zip C	Code
225 Oxford Ct		Merid	en		СТ	064	ł50
Principal Occupation			Name of Employer	<u> </u>		_	
Administration			Collins				
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 t loes contributor or business he/she i valued at more than \$5,000?)	ount of 0.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ch or b	ranches	⊙ No			
Method of Contribution:			Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	6/30/23	\$100.00			
Last Name		Firs	t		سينسليب		MI
Rivera		Pe	ytin				
Residential Street Address	[0	City			State	Zip C	ode:
8 Holland View Dr		Bloom	nfield		СТ	060)02
Principal Occupation			Name of Employer				
Student			Student				
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she i valued at more than \$5,000?					ount of 0,00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution:		<u>``</u>	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card	d Payroll Deduction Money	Order	6/27/23	\$100.00			
Last Name		Firs	t				MI
Sanchez		Jai	mes			ı	
Residential Street Address	[City			State	Zip C	Code
370 Freeman Street		Hartfo	ord		СТ	061	106
Principal Occupation			Name of Employer				
Utility Systems Monitoring Tech			Metropolitan Distri	ct Commission			!
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 to loes contributor or business he/she invalued at more than \$5,000?				7, Amo		f Coutribution
Is this contribution associated with an event reported in Section L17 If yes, list Event #		ch or b	ranches _	e contractor? Yes No Legislative			
Method of Contribution:		7	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	6/30/23	\$75.00			
SUBTOTAL Section B — This Page \$275.00							
TOTAL of additional Section B Pages \$5,656.70							
TOTAL OF AL	L CONTRIBUTIONS FROM				,	in and the second	
	(Enter total on LINE I	J, COIM	mn A of Summary Page :	(vius)			

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of	1	•

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$1,190.00			
B. Itemized Co	ntribi Fir	utions from Individual	duals	03 33 2	М	
Sanchez	Ro	obert				
Residential Street Address	City			State	Zip Code	
269 Washington Street FI-3	New I	Britain		СТ	06051	
Principal Occupation		Name of Employer				
State Representative		State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? No Yes Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or b	ranches	Contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (6/5/23	\$100.00			
Last Name	Firs	st			MI	
Torres	He	ector				
Residential Street Address	City			State	Zip Code	
PO Box 373094	Cayey	<i>!</i>		PR	00737	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				\$100	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or b	oranches	e contractor? SYes No Legislative			
Method of Contribution:			Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/17/23	\$100.00			
Last Name	Fire				MI	
Valentin	Ri	chard				
Residential Street Address	City			State	Zip Code	
25 Taylor Street	Last F	lartford		CT	06118	
Principal Occupation Machinist		Name of Employer Burteck				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amor	ust of Contribution	
	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes One One One One One One One One One One					
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	5/17/23	\$100.00		İ	
SUB1	готаі	L Section B — This	Page \$300.00			
TOTAL of additional Section B Pages \$5,631.70						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$7,121.70						

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NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)		TYPE OF REPORT		
Hernandez for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) \$1,190.00					
·					
В.	Itemized Contr	ibutions from Indivi	duals		
Last Name		First			MI
Vega		Sammy			
Residential Street Address	City			State	Zip Code
332 Saybrooke St	Ha	rtford		CT	06106
Principal Occupation		Name of Employer			
Chief Operating Officer		Dressler Law			
,	r or business he/she is as	candidate for a chief executive sociated with have a contract Oyes ONo		/, Amo	ount of Contribution 0.00
event reported in Section L1? No If yes, i	tor a principal of a state indicate which branch of ernment the contract is t		e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Cash Personal Check OCredit/Debit Card Payroll De	eduction OMoney Ord	ler 6/5/23	\$250.00		
Last Name		First			MI
Williams-Menard	i	Paige			
Residential Street Address	City			State	Zip Code
225 Oxford Ct	1 1	riden		CT	06450
Principal Occupation		Name of Employer		<u> </u>	1
HR Partner		Collins Aerospace			
	or business he/she is as:	candidate for a chief executive sociated with have a contract Yes No		, Amo	unt of Contribution
event reported in Section L1? On If yes, i	ttor a principal of a state indicate which branch overnment the contract is	with: Executive	O Legislative		
Method of Contribution:	_	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Dec	duction OMoney Orde	er 6/27/23	\$250.00		
Last Name		First			MI
DeJesus		Isaac			
Residential Street Address	City	1 .		State	Zip Code
11 Richard Rd	Ma	nchester		СТ	06040
Principal Occupation USPS		Name of Employer USPS			
Is contributor a tobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is does contributor valued at more the	or business he/she is as	candidate for a chief executive sociated with have a contract Yes O No	e officer of a municipality with said municipality	, Amo \$250	ount of Contribution
event reported in Section L1? O No If yes, in	tor a principal of a state indicate which branch o ernment the contract is v		e contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll De	duction OMoney Ord	er 6/5/23	\$250.00		
	SUBTOI	AL Section B — This	Page \$750.00		
	TOTAL of	additional Section B I	ages \$5,181.70		
TOTAL OF ALL CONTRIB		DIVIDUALS (Sections A		·	

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NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)			TYPE OF REPORT		
Hernandez for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,190.00			
	B. Itemized Co	ntrik	utions from Indivi	duals		
Last Name		F	irst		17 - 100 34 - 14 - 115.	MI
Perez		S	hakira			Į.
Residential Street Address		City			State	Zip Code
60 Willard St		Hart	ford		CT	06105
Principal Occupation		L	Name of Employer			_
Teacher			Hartford Public Sch	ools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No Ifyes, indicate which bra			e contractor? Yes		
If yes, list Event # 060523A	of government the contract			OLegislative Olive		
Method of Contribution;			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/5/23	\$100.00	1	
Last Name		Fi	rst			МІ
Rivera		V	lancy			
Residential Street Address		City		<u> </u>	State	Zip Code
27 Stoddard Ave		New	ington		CT	06111
Principal Occupation			Name of Employer	· 	·	
Teacher			Montessori School	of Greater Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060523A	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches '	e contractor? Yes		
Method of Contribution:				Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/5/23	\$100.00	}	
Last Name		Fi	rst			MI
Rodriguez		J	uan			
Residential Street Address		City			State	Zip Code
4 Austin St		New	Britain		CT	06051
Principal Occupation			Name of Employer		<u> </u>	
Driver			Dressler Law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 060523A	Yes Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches	O No		
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	6/5/23	\$250.00		
	SUBT	ΓΟΤΑ	L Section B — This	Page \$450.00		
	TOTAI	. of a	dditional Section B P	ages \$5,481.70		
TOTAL OF A	ALL CONTRIBUTIONS FROM	1 IND		+B) 67 121 70	 	
	quarer rount on Line.	٠٠, ٧٧١	г. ој Биштигу Хиус	· ········/		