Desirient Committee					COVER PAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)				Date Stamp	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Sta from _ throug	01/01/2024 uh 06/30/2024	Date of election if applicable: (Month, Day, Year)	07/31/2024 11:34:42 Filing ID: 211827474	Page1 of24  For Official Use Only
I. Type of Recipient Committee: All Comm	ittees – Complete Pa	arts 1, 2, 3, and 4.	2. Type of Statement:		
<ul> <li>☑ Officeholder, Candidate Controlled Committee         <ul> <li>State Candidate Election Committee</li> <li>Recall</li></ul></li></ul>	Committee Contro Spons (Also Complet	lled ored e Part 6) Formed Candidate/ er Committee	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	□ S □ S ermination) S	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBE 1438882		Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO			NAME OF TREASURER		
Sara Hernandez for Community College	Trustee 2022		Sara Hernandez		
			MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)			CITY Los Angeles		P CODE AREA CODE/PHONE 90033 (213)219-6046
CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Sacramento CA	95815	(916)285-5733	Shawnda Deane		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS		
CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY Sacramento		P CODE AREA CODE/PHONE 95815 (916)285-5733
OPTIONAL: FAX / E-MAIL ADDRESS (916)333-1344 / Hernandez2022@deanear	ndcompany.com		OPTIONAL: FAX / E-MAIL ADDR	RESS	
I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State of	d reviewing this state of California that the	ement and to the best of my kr foregoing is true and correct.	nowledge the information contained her	rein and in the attached sch	edules is true and complete. I certify
Executed on		By <u>Shawnda</u> De	eane Signature of Treasurer or Assistant 1	Treasurer	
Executed on		By Sara Herna Signature of Co	andez ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spon	sor
Executed onDate		Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	
Executed onDate		Ву	Signature of Controlling Officeholder, Candidate, St	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

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

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	4	160					
Page _	2	of _	24					

Officeholder or Candidate Controlled Com	mittee	6	6. Prir	narily Formed Ball	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE			NAM	E OF BALLOT MEASURE				
Sara Hernandez								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICAB	SLE)	BALL	OT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
Community College Trustee: Los Angeles Cou	inty							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	lden	tify the controlling of	iceholder, car	ndidate, or st	ate measure	proponent, if an
	Los Angeles CA	90033	NΔM	E OF OFFICEHOLDER, CAI	NDIDATE OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed		OFFI	CE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMIT			marily Formed Can				
TVIIIE OF THE HOSTIER	YES NO		offic	eholder(s) or candidate(s	s) for which thi	s committee is	s primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)		NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZII	P CODE AREA CO	DE/PHONE	NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
								☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT		NAM	E OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)							
CITY CTATE 711	0.000	DE/PHONE						
CITY STATE ZIF	P CODE AREA CO	DE/PHONE		Atta	ch continuation	on sheets if I	necessary	

### **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

	SUI	MMARY PAGE
eriod	CALIFORNIA	460
2.4	FORM	400

Statement covers pe 01/01/2024 from \_ Page \_\_\_\_3 \_\_\_ of \_\_\_\_24 06/30/2024 through \_ I.D. NUMBER 1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

3. SUBTOTAL CASH CONTRIBUTIONS	## CALEMAN FEAR    CALEMAN FEAR   CA	Sara Hernandez for Community College Trustee 2022				1438882
1. Monetary Contributions	Monetary Contributions	Contributions Received	TOTAL THIS PERIOD		CALENDAR YEAR	Running in Both the State Primary and
2. Loans Received	2. Loans Received	1. Monetary Contributions Schedule A, Line 3	\$ 23,750.00	\$	23,750.00	
\$ SUBTOTAL CASH CONTRIBUTIONS   Schedule C, Line 3   0.00   0.00    5. TOTAL CONTRIBUTIONS RECEIVED   Add Lines 3+4   \$ 23,750.00   \$ 23,750.00    Expenditures Made   Schedule E, Line 4   \$ 11,895.39   \$ 11,895.39    7. Loans Made   Schedule H, Line 3   0.00   0.00    8. SUBTOTAL CASH PAYMENTS   Add Lines 6+7   \$ 11,895.39   \$ 11,895.39    9. Accrued Expenses (Unpaid Bills)   Schedule F, Line 3   6-25.03   0.00   0.00    10. Nomonetary Adjustment   Schedule C, Line 3   0.00   0.00    11. TOTAL EXPENDITURES MADE   Add Lines 8+9+10   \$ 11,270.36   \$ 11,895.39    3. Cash Receipts   Column A, Line 3 above   23,750.00    13. Cash Receipts   Column A, Line 3 above   23,750.00    14. Miscellaneous Increases to Cash   Schedule L, Line 4   0.00    15. Cash Payments   Column A, Line 8 above   11,895.39    16. ENDING CASH BALANCE   Add Lines 12+13+14, then subtract Line 15   \$ 19,941.89    17. LOAN GUARANTEES RECEIVED   Schedule B, Part 2   \$ 0.00    Cash Equivalents   See instructions on reverse   \$ 0.00    Cash Equivalents   See instructions on reverse   \$ 0.00    Cash Equivalents   See instructions on reverse   \$ 0.00    Add Lines 3+4   \$ 23,750.00   \$ 23,750.00    3. Cash Equivalents   See instructions on reverse   \$ 0.00    3. Cash Equivalents   See instructions on reverse   \$ 0.00    Cash Equivalents   See instructions on	\$ Schedule C, Line 3	2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 through 6/30 //1 to Date
4. Nonmonetary Contributions	4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 23,750.00 \$ 23,750.00 \$ 23,750.00 \$ 23,750.00 \$ 23,750.00 \$ 23,750.00 \$ 24. Expenditures Made \$ 23,750.00 \$ 23,750.00 \$ 24. Expenditures Made \$ 5. Payments Made Schedule E, Line 4 \$ 11,895.39 \$ 11,895	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 23,750.00	\$	23,750.00	
Expenditures Made 6. Payments Made 6. Payments Made 6. Payments Made 6. Payments Made 6. Schedule F, Line 4 7. Loans Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 8. Schedule H, Line 3 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 11. Add Lines 8 + 9 + 10 12. Beginning Cash Balance 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 16. Hold Cash Balance 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents 19. 11. 895. 39 11. 895.	Expenditures Made  5. Payments Made  5. Payments Made  6. Payments Made  7. Loans Made  8. Schedule F, Line 3  9. Accrued Expenses (Unpaid Bills)  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  16. ENDING CASH BALANCE  17. LOAN GUARANTEES RECEIVED  18. Cash Equivalents  19. Outstanding Debts  19. Outstanding Debts  10. Nonzero Made  11. 1895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  11. 895.39  12. Cumulative Expenditures Made' (if subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  Date of Election (mm/dd/yy)  To calculate Column B, add amounts in Column A to the corresponding mounts from Column B of your last report Some amounts in Column A nay be negative glores and should be subtracted from previous period amounts. If this is the first report being filled to this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).  19. Outstanding Debts  19. Outstanding Debts  10. Nonmonetary Adjustment  11. 895.39  11. 895.39  12. Cumulative Expenditures Made'  (if Subject to Voluntmy Expenditures Made'  (if Subject to Voluntmy Expenditure Limit)  Date of Election  (mm/dd/yy)  10. Calculate Column B, add amounts in Column B, add amounts in Column B, add amounts in Column B of your last report Some amounts in Column B of your last report Some amounts in Column B, add amounts in Column B, add amounts in Column B, add amo	4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures
Current Cash Statement  1. Beginning Cash Balance  Previous Summary Page, Line 4  1. Miscellaneous Increases to Cash  Schedule I, Line 3  Column A, Line 8 above  If this is a termination statement, Line 16 must be zero.  Cash Equivalents and Outstanding Debts  18. Cash Equivalents  Schedule E, Line 4  Schedule E, Line 4  Schedule E, Line 3  O. 00  O.	Candidates  Schedule E, Line 4 \$ 11,895.39 \$ 11,895.39 \$ 11,895.39  To Loans Made Schedule H, Line 3 \$ 0.00	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 23,750.00	\$	23,750.00	Made \$ \$
7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 11,895.39 \$ 11,	22. Cumulative Expenditures Made Schedule H, Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Expenditures Made				Expenditure Limit Summary for State
8. SUBTOTAL CASH PAYMENTS	3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 11,895.39	6. Payments Made Schedule E, Line 4	\$ 11,895.39	\$	11,895.39	Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 11,895.39 \$ 11,895.39 \$ 0.00 \$	3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 11,895.39 \$ 11,895.39 \$ 11,895.39 \$ 2.0 Accrued Expenses (Unpaid Bills) Schedule F, Line 3 5.62 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	7. Loans Made Schedule H, Line 3	0.00		0.00	22 Cumulative Expenditures Made*
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 1.1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 11,270.36 \$ 11,895.39 \$ 11,895.39 \$ 11,895.39 \$ 12,750.00 \$ 11,895.39 \$ 13,750.00 \$ 1,895.39 \$ 13,895.39 \$ 13,895.39 \$ 13,895.39 \$ 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 1.5. Cash Payments Column A, Line 8 above If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 19. Outstanding Debts  18. Cash Equivalents Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 19. Outstanding Debts Add Li	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,895.39	\$	11,895.39	
11. TOTAL EXPENDITURES MADE	11. TOTAL EXPENDITURES MADE					
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 8,087.28  13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00  Cash Equivalents and Outstanding Debts  18. Cash Equivalents Schedule Is Column A (Schedule B, Part 2) \$ 0.00  See instructions on reverse \$ 0.00  To calculate Column B, add amounts in Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	Current Cash Statement  12. Beginning Cash Balance	10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
12. Beginning Cash Balance	12. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE	\$ 11,270.36	\$	11,895.39	\$
13. Cash Receipts	13. Cash Receipts	Current Cash Statement				/\$
14. Miscellaneous Increases to Cash	14. Miscellaneous Increases to Cash	12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 8,087.28	То	calculate Column B, add	
14. Miscellaneous Increases to Cash	14. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above	23,750.00			
Column A, Line 8 above  16. ENDING CASH BALANCE	Column A, Line 8 above  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  18. Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above  19. Outstanding Debts Add Line 2 + Line 9 in Column B above  19. Outstanding Debts FPPC Form 460 (James 2)  19. Outstanding Debts FPPC Form 460 (James 2)	14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	
16. ENDING CASH BALANCE	figures that should be subtracted from previous period amounts. If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED	15. Cash Payments Column A, Line 8 above	11,895.39			
If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 19,941.89	fig	ures that should be	
17. LOAN GUARANTEES RECEIVED	17. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	Cash Equivalents and Outstanding Debts  18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only	
	19. Outstanding Debts	Cash Equivalents and Outstanding Debts				
19. Outstanding Debts	FPPC Form 460 (J	18. Cash Equivalents See instructions on reverse	\$ 0.00			
	·	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00			

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

SEE INSTRUCTIO	Schedule A Monetary Contributions Received		ts may be rounded whole dollars.	Statement cover	024	CALIFORNIA FORM 460	
NAME OF FILER					I.D.	NUMBER	
Sara Hernand	dez for Community College Trustee 2022				14	38882	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
02/05/2024	David Ambroz Los Angeles, CA 90004	IND  COM  OTH  PTY  SCC	Executive Amazon, LLC	250.00	250.(	00	
02/05/2024	Joseph Avila Rowland Heights, CA 91748		Managing Director Actus Consulting	100.00	100.0	00	
02/06/2024	Andrew Brady Los Angeles, CA 90041	⊠IND □COM □OTH □PTY □SCC	Attorney DLA Piper	100.00	100.(	00	
02/08/2024	Jules Buenabenta San Mateo, CA 91108	IND  COM  OTH  PTY  SCC	Chief Executive Officer Jules and Associates, Inc.	500.00	500.(	00	
02/23/2024	Ernest M. Camacho Pasadena, CA 91106	IND  COM  OTH  PTY  SCC	President/Chief Executive Officer Pacifica Service, Inc.	1,500.00	1,500.0	00	
			SUBTOTAL\$	2,450.00			

**Schedule A Summary** 

Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.)

 Amount received this period – unitemized monetary contributions of less than \$100

 \*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDU	LE A (CONT.)
CALIFORNIA FORM	460

Statement covers period

from

01/01/2024

NAME OF FILER				through 06/30/	2024	Page _	5 of 24 MBER
Sara Hernande	14388						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
02/23/2024	Jeffrey E. Camacho Claremont, CA 91711		Chief Operating Officer Pacifica Services, Inc.	500.00		500.00	
02/05/2024	Tracey Chavira Monterey Park, CA 91754	IND  COM  OTH  PTY  SCC	President Veritas Public Affairs, Inc.	250.00	2	250.00	
02/05/2024	Maurice Lee Condon West Hollywood, CA 90046		Director of Communications Harbor Freight Tools for Schools	250.00	2	250.00	
02/08/2024	Brian Falls Los Angeles, CA 90026		Real Estate Brian Falls	250.00	2	250.00	
02/05/2024	Aaron Fanwick Los Angeles, CA 90004	☑IND □COM □OTH □PTY □SCC	Consultant Aaron Fanwick	500.00	5	500.00	
			SUBTOTAL	1,750.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2024

				from01/01/	2024	FORM TOO
				through 06/30/	2024 <b>F</b>	Page6 of24
NAME OF FILER			-		I	.D. NUMBER
Sara Hernande	ez for Community College Trustee 2022				1	L438882
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
02/21/2024	Jorge Flores Los Angeles, CA 90035		Founder JF Public Affairs	250.00	250	0.00
02/08/2024	Daniel Freedman Hidden Hills, CA 91302		Attorney Jeffer Mangels Butler & Mitchell, LLP	100.00	100	0.00
02/08/2024	John Gamboa Beverly Hills, CA 90211		Chief Executive Officer J&L Realty Partners, LLC	1,000.00	1,000	0.00
02/05/2024	Michelle Gastelum Pasadena, CA 91101		Business Owner Summit	250.00	250	.00
01/09/2024	Christina Gersh Los Angeles, CA 90004		Not Employed n/a	100.00	100	0.00
			SUBTOTAL\$	1,700.00		
			·			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA 460

Statement covers period

01/01/2024

				from01/01/	2024	FO	RM TO	
				through06/30/	2024	Page	7 of 24	_
NAME OF FILER						I.D. NUM	3ER	
Sara Hernande	ez for Community College Trustee 2022					143888	2	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED	
02/01/2024	John Girardi Rolling Hills Estate, CA 90274	IND  COM  OTH  PTY  SCC	Attorney Law Offices of John Girardi	250.00	25	50.00		
01/18/2024	Joshua Gray-Emmer Los Angeles, CA 90013	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Bridge DTLA	100.00	10	00.00		
02/08/2024	Glenn Gritzner Los Angeles, CA 90017		Partner Actum, LLC	500.00	5(	00.00		
01/18/2024	John Halbert Los Angeles, CA 90004	☑IND □COM □OTH □PTY □SCC	Word Processor Quinn Emanuel Urquhart & Sullivan, LLP	100.00	10	00.00		
02/06/2024	Jose Hernandez Studio City, CA 91604	IND  COM  OTH  PTY  SCC	Chief Executive Officer/Founder IDEATE California	500.00	5(	00.00		
			SUBTOTALS	\$ 1,450.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

**FORM** 

Statement covers period

from

01/01/2024

NAME OF FILER				through 06/30/	2024	Page _				
Sara Hernande	Sara Hernandez for Community College Trustee 2022									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)			
02/08/2024	Jacquelyn Jones Los Angeles, CA 90043		Business Development Pacifica Services	500.00	5	500.00				
02/01/2024	David Lelie San Diego, CA 92131		Consultant Gafcon, Inc.	100.00	1	.00.00				
01/23/2024	Nicole Lelie Oak Park, CA 91377		Real Estate Agent Keller Williams	100.00	1	.00.00				
02/08/2024	Gloria Leon Long Beach, CA 90815		Principal Leon & Walsh Public Affairs, Inc.	250.00	2	250.00				
02/05/2024	Stuart Liner Woodland Hills, CA 91364	☑IND □COM □OTH □PTY □SCC	Chief Executive Officer SLS Enterprises	2,500.00	2,5	500.00				
			SUBTOTAL	\$ 3,450.00						

\*Contributor Codes

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

NAME OF FILE					from01/01/	2024	FORM TOU
DATE RECEIVED  R					through06/30/	<sup>2</sup> 2024 Pa	ge 9 of 24
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED   FOR CODE	NAME OF FILER					I.D	. NUMBER
Date   RECEIVED   Till. Name, Office   AUDITES, ALD SWITCH DAMAGEN   CODE   C	Sara Hernande	zz for Community College Trustee 2022		14	38882		
Burbank, CA 91506		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
Los Angeles, CA 90010  COM OTH PTY SCC  02/08/2024  Jesus Marez Monterey Park, CA 91754  COM OTH PTY SCC  02/08/2024  Samantha Martinez Los Angeles, CA 90064  COM OTH PTY SCC  200.00  200.00  200.00  200.00  200.00  300.00  Fountainhead Corporation COM OTH PTY SCC  SCC  Attorney United Talent Agency  COM OTH PTY SCC		Burbank, CA 91506	☐COM ☐OTH ☐PTY				
Monterey Park, CA 91754  COM OTH PTY SCC  02/08/2024 Samantha Martinez Los Angeles, CA 90064  02/08/2024 Liam McNamara Encino, CA 91316	01/09/2024		☐COM ☐OTH ☐PTY		250.00	250.	00
Los Angeles, CA 90064  COM OTH PTY SCC  02/08/2024 Liam McNamara Encino, CA 91316  COM OTH PTY SCC  Attorney United Talent Agency  Total Agency  Com OTH PTY SCC	02/08/2024		☐COM ☐OTH ☐PTY		200.00	200.	00
Encino, CA 91316  COM OTH PTY SCC United Talent Agency United Talent Agency	02/08/2024		□COM □OTH □PTY			500.	00
SUBTOTAL\$ 1,300.00	02/08/2024		☐COM ☐OTH ☐PTY		250.00	250.	00
				SUBTOTALS	1,300.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2024

				from01/01/	2024	FORM TO		
				through06/30/	2024	Page10 of24		
NAME OF FILER			-			I.D. NUMBER		
Sara Hernande	zz for Community College Trustee 2022					1438882		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE		
01/15/2024	Gabriela Medina Los Angeles, CA 90003		Public Affairs Manager SoCalGas	250.00		0.00		
02/08/2024	Samantha Millman Los Angeles, CA 90068	⊠IND □COM □OTH □PTY □SCC	Real Estate Millco Investments	250.00	25	0.00		
02/05/2024	Armida Ornelas Whittier, CA 90601		Administrator Los Angeles Community College District	100.00	10	0.00		
01/31/2024	Christian Ortiz Los Angeles, CA 90027		Engineer SpaceX	300.00	300	0.00		
01/09/2024	Fred Parker Newport Beach, CA 92660		Program, Project and Contruction Management MAAS	250.00	251	0.00		
			SUBTOTAL	1,150.00				
							=	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

Statement covers period

from

01/01/2024

		through06/30/2024		Page11 of24				
AME OF FILER	ez for Community College Trustee 2022					1.D. NU	I.D. NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/22/2024	Christopher Pitoun Beverly Hills, CA 90210		Attorney Hagens Berman Sobol Shapiro, LLP	250.00	2	250.00		
02/08/2024	George Pla Los Angeles, CA 90012	IND  COM  OTH  PTY  SCC	President and Chief Executive Officer Cordoba Corporation	5,500.00	5,5	00.00		
02/05/2024	Sean Rawson Long Beach, CA 90803		Real Estate Developer Waterford	500.00	5	00.00		
02/06/2024	Daniel Sheehan Pasadena, CA 91105	IND  COM  OTH  PTY  SCC	Attorney Hueston Hennigan, LLP	500.00	5	00.00		
01/14/2024	Debra J. Shrout Los Angeles, CA 90015	☑IND □COM □OTH □PTY □SCC	Retired n/a	200.00	2	00.00		
			SUBTOTAL	6,950.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from01/01/	2024	FORM <b>TOO</b>
				through06/30/	2024 Pa	age12 of24
NAME OF FILER					1.1	D. NUMBER
Sara Hernande	ez for Community College Trustee 2022				1.	438882
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
02/06/2024	Courtney Torres Sherman Oaks, CA 91423		Public Affairs Consultant Courtney Torres Consulting	350.00	350.	00
01/12/2024	Jacob Tsui Arcadia, CA 91006	⊠IND □COM □OTH □PTY □SCC	President The Tsui Group	250.00	250.	00
02/07/2024	Robert Urteaga Los Angeles, CA 90017		President Upward Solutions, LLC	2,000.00	2,000.	00
02/08/2024	Brian VanRiper Los Angeles, CA 90068	☑IND □COM □OTH □PTY □SCC	Consultant Brian VanRiper	250.00	250.	00
02/08/2024	Dan Weinstein Los Angeles, CA 90035	IND  COM  OTH  PTY  SCC	Developer LW Partners	500.00	500.	00
			SUBTOTAL\$	3,350.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

# Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole		from01/01/	·	CALIFORNIA 460		
				through06/30/	2024	Page _	13 of24	
NAME OF FILER			L			I.D. NU	MBER	
Sara Hernand	ez for Community College Trustee 2022					14388	382	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/29/2024	Barry Wright, Jr. Sherman Oaks, CA 91423		Chief Executive Officer Tablet Mobile	100.00	1	00.00		
04/11/2024	Edgar Zelaya Los Angeles, CA 90066		Construction Management Kal Krishnan Consulting Services, Inc.	100.00	1	00.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTALS	\$ 200.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period **CALIFORNIA** Amounts may be rounded **Supporting/Opposing Other** to whole dollars. **FORM** 01/01/2024 **Candidates, Measures and Committees** through  $\frac{06/3}{30/2024}$ Page \_\_\_14\_\_ of \_\_24\_\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sara Hernandez for Community College Trustee 2022 1438882 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 04/29/2024 Community Action Fund 250.00 250.00 X Monetary Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose 02/05/2024 East Area Progressive Democrats Voice 2,500.00 5,000.00 X Monetary Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose 02/09/2024 East Area Progressive Democrats Voice 2,500.00 5,000.00 X Monetary Contribution Nonmonetary Contribution Independent Expenditure X Support Oppose SUBTOTAL \$ 5,250.00 **Schedule D Summary** 2. Unitemized contributions and independent expenditures made this period of under \$100.......\$

Schedule E
Payments Made

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2024	FORM TOU
through06/30/2024	Page of24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kathrina Vennesse Abrot Los Angeles, CA 90026	FND				500.00
Community Action Fund (ID# 1363910) Los Angeles, CA 90065	CTB				250.00
Deane & Company Sacramento, CA 95815	PRO				522.16

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,272.16

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	11,895.39
2. Unitemized payments made this period of under \$100\$_	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	11,895.39

Schedule E	
(Continuation Sheet)	)
Payments Made	

Statement covers period		CALIF	ORNI	A /	16	7
from01/	01/2024	FO	RM		i U	<u> </u>
through 06/	30/2024	Page _	16	_ of _	24	_
		I.D. NUM	IBER			
		14388	82			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants CNS meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events POL TRS independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

LEG legal defense professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT LIT print ads

WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRO 324.63 Deane & Company Sacramento, CA 95815 Deane & Company PRO 321.16 Sacramento, CA 95815 Deane & Company PRO 519.34 Sacramento, CA 95815 289.93 Deane & Company PRO Sacramento, CA 95815 Deane & Company 284.14 PRO Sacramento, CA 95815

**SUBTOTAL \$** 1,739.20 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E	
(Continuation Sheet)	)
Payments Made	

Statement covers period	CALIFORNIA 460
from01/01/2024	FORM TOO
through06/30/2024	Page17 of24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees
PHO phone banks
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
East Area Progressive Democrats (EAPD) Los Angeles, CA 90065	OFC		600.00
East Area Progressive Democrats Voice (ID# 1467280) Los Angeles, CA 90065	СТВ		2,500.00
East Area Progressive Democrats Voice (ID# 1467280) Los Angeles, CA 90065	СТВ		2,500.00
OkayRelax, LLC New York City, NY 10128		Administrative Services	99.95
OkayRelax, LLC New York City, NY 10128		Administrative Services	99.95

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

**SUBTOTAL \$** 

5,799.90

Schedule E	
(Continuation Shee	t)
<b>Payments Made</b>	

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through06/30/2024	Page18 of24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions CNS CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events POL TRS

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer betwee PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OkayRelax, LLC Administrative Services 99.95 New York City, NY 10128 OkayRelax, LLC Administrative Services 99.95 New York City, NY 10128 OkayRelax, LLC Administrative Services 99.95 New York City, NY 10128 Progressive Nation 225.00 WEB Toronto, ON M4Y 2X5 225.00 Progressive Nation WEB Toronto, ON M4Y 2X5

**SUBTOTAL \$** 

749.85

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

Schedule E	
(Continuation Sheet)	)
Payments Made	

Statement covers period		CALIFORNIA 460
from	01/01/2024	FORM TOO
through_	06/30/2024	Page 19 of 24
		I.D. NUMBER
		1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events POL

ND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration

ega defense PRO professional services (legal, accounting) volt voter registrative

LIT campaign literature and mailings	PRT print ads	( - 3 ,	WEB information technology cost	s (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Progressive Nation Toronto, ON M4Y 2X5	WEB			240.00
Progressive Nation Toronto, ON M4Y 2X5	WEB			255.00
Progressive Nation Toronto, ON M4Y 2X5	WEB			285.00
Progressive Nation Toronto, ON M4Y 2X5	WEB			285.00
SCLA Print, Inc. La Mirada, CA 90638	LIT			625.03

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

**SUBTOTAL \$** 

1,690.03

Schedule E	
(Continuation Sheet)	)
Payments Made	

Statement covers period	CALIFORNIA 4 0 0
from01/01/2024	FORM 460
through06/30/2024	Page20 of24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research fundraising events POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS LEG legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC			10.75
Stripe, Inc. San Francisco, CA 94110	OFC			7.55
Stripe, Inc. San Francisco, CA 94110	OFC			7.55
Stripe, Inc. San Francisco, CA 94110	OFC			13.65
Stripe, Inc. San Francisco, CA 94110	OFC			3.20

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

**SUBTOTAL \$** 

42.70

Schedule E	
(Continuation Sheet)	)
Payments Made	

Statement covers peri	CALIFORNIA 160
from01/01/2024	FORM 400
through06/30/2024	Page 21 of 24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC		3.20
Stripe, Inc. San Francisco, CA 94110	OFC		7.55
Stripe, Inc. San Francisco, CA 94110	OFC		3.20
Stripe, Inc. San Francisco, CA 94110	OFC		3.20
Stripe, Inc. San Francisco, CA 94110	OFC		9.00

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

SUBTOTAL \$

26.15

Schedule E	
(Continuation Sheet)	
Payments Made	

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 460
through06/30/2024	Page22 of24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC		10.75
Stripe, Inc. San Francisco, CA 94110	OFC		44.70
Stripe, Inc. San Francisco, CA 94110	OFC		119.55
Stripe, Inc. San Francisco, CA 94110	OFC		18.00
Stripe, Inc. San Francisco, CA 94110	OFC		243.65

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 436.65

Schedule E	
(Continuation Sheet	t)
<b>Payments Made</b>	•

Statement covers period	CALIFORNIA 160
from01/01/2024	FORM 400
through06/30/2024	— Page 23 of 24
	I.D. NUMBER
	1438882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe, Inc. San Francisco, CA 94110	OFC		128.00
Stripe, Inc. San Francisco, CA 94110	OFC		7.55
Stripe, Inc. San Francisco, CA 94110	OFC		3.20

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

**SUBTOTAL \$** 

138.75

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

Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

Statement covers period **CALIFORNIA FORM** 01/01/2024 through  $\frac{06/30/2024}{}$ Page 24 of 24 I.D. NUMBER

1438882

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

candidate filing/ballot fees

campaign consultants

fundraising events

legal defense

CVC civic donations

IND

LEG

NAME OF FILER

Sara Hernandez for Community College Trustee 2022

independent expenditure supporting/opposing others (explain)\*

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

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)			e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SCLA Print, Inc. La Mirada, CA 90638	LIT	625.03	0.00	625.03	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>\$</b> 625.03 <b>\$</b>	0.00	\$ 625.03	0.00

#### **Schedule F Summary**

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 625.03
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

  NET \$ \frac{-625.03}{\text{May be a negative number}}\$

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