

# SEEC FORM 20

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



Page 1 of 17

TOWN & CITY CLERK  
 2023 JUL 10 PM 1:40  
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## COVER PAGE

|  |   |  |   |
|--|---|--|---|
| <b>1. NAME OF COMMITTEE</b>  |   |  |   |
| Hernandez for City Council   |   |  |   |
| <b>2. TREASURER NAME</b>   |   |  |   |
| First<br>Gladys  | MI  | Last<br>Rivera                                     | Suffix<br>II  |
| <b>3. TREASURER ADDRESS</b>  |   |  |   |
| Street Address<br>136 South Street   | City<br>Hartford  | State<br>CT  | Zip Code<br>06114   |
| <b>4. ELECTION/REFERENDUM DATE</b><br>(mm/dd/yyyy)<br>11/07/2023   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i><br>City Council       |  | <b>6. DISTRICT NUMBER</b><br><i>(if applicable)</i>                           |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>  |   |  |   |
| First<br>Amilcar   | MI<br>I   | Last<br>Hernandez                                  | Suffix  |
| <b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>  |   |  |   |
| <input type="radio"/> January 10 filing  | <input type="radio"/> 7th day preceding primary   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> |
| <input type="radio"/> April 10 filing  | <input type="radio"/> 30 days following primary   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to  |
| <input checked="" type="radio"/> July 10 filing  | <input type="radio"/> 7th day preceding election  | <input type="radio"/> Deficit                      | Type of Report: _____   |
| <input type="radio"/> October 10 filing  | <input type="radio"/> 12th day preceding election<br><i>(State Central Committees Only)</i> | <input type="radio"/> Termination                  |   |
| <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election  | <input type="radio"/> 45 days following election<br>not held in November                    |  |   |
| <b>9. PERIOD COVERED</b>   |   |  |   |
| Beginning Date   |   | Ending Date  |   |
| 04/21/2023   |   | thru 06/30/2023                                    |   |
| <b>10. CERTIFICATION</b>   |   |  |   |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |   |  |   |
| <br>_____<br>TREASURER OR DEPUTY TREASURER (SIGNATURE)   |   | Gladys Rivera<br>_____<br>PRINT NAME OF SIGNER     |   |
|  |   | 07/10/2023<br>_____<br>DATE (mm/dd/yyyy)           |   |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.  |   |  |   |

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT          |                       |
|---|-------------------------|-----------------------|
| Hernandez for City Council  | July 10 Filing          |                       |
|   | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>   |                         |                       |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3)   | 0                       | 0                     |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)   | \$7,121.70              | \$7,121.70            |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)   | \$7,121.70              | \$7,121.70            |
| 19. Expenses Paid by Committee (Section P)  | \$463.89                | \$463.89              |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  | \$6,657.81              | \$6,657.81            |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | 0                       | 0                     |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5)   | 0                       | 0                     |
| 23. In-Kind Contributions Received (Section M)  | 0                       | 0                     |
| 24. Refundable Deposit to Telephone Company (Section N)   | 0                       | 0                     |
| 25. Loan Balance  | 0                       |                       |
| 25a. + Loans Received (Section D)   | 0                       | 0                     |
| 25b. + Interest and Penalties on Loan   | 0                       | 0                     |
| 25c. - Payments on Loan   | 0                       | 0                     |
| 25d. Total Outstanding Loan Amount  | 0                       |                       |
| 26. Campaign Expenses Paid by Candidate (Section Q)   | \$152.09                | \$152.09              |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | 0                       | 0                     |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | 0                       |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | 0                       |                       |

I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name, as Registered with Filing Repository)  |  | TYPE OF REPORT   |  |
| Hernandez for Council  |  | July 10 Filing   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  | <b>SUBTOTAL SECTION A</b>  |  |
|  |  | \$ 1,190.00  |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |  |
| Last Name  |  | First  |  |
| Ayala  |  | Fabio  |  |
| Residential Street Address   |  | City   |  |
| 102 Linden Street Apt-4L   |  | Holyoke  |  |
| Principal Occupation   |  | Name of Employer   |  |
| Assistant Director   |  | Center for Restorative Justice at Amherst College  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |
| Amount of Contribution   |  | \$100.00   |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/15/23  | \$100.00   |
| Last Name  |  | First  |  |
| Bello  |  | Della  |  |
| Residential Street Address   |  | City   |  |
| PO Box 343097  |  | Cayey  |  |
| Principal Occupation   |  | Name of Employer   |  |
| Retired  |  | Retired  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |
| Amount of Contribution   |  | \$150.00   |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/16/23  | \$150.00   |
| Last Name  |  | First  |  |
| Bermudez   |  | Edwin  |  |
| Residential Street Address   |  | City   |  |
| 3250 Tabby Drive   |  | Clarksville  |  |
| Principal Occupation   |  | Name of Employer   |  |
| Retired  |  | Retired  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |
| Amount of Contribution   |  | \$225.00   |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive<br><input type="radio"/> Legislative |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/10/23  | \$225.00   |
| <b>SUBTOTAL Section B — This Page</b>  |  | \$475.00   |  |
| <b>TOTAL of additional Section B Pages</b>   |  | \$5,456.70   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  | \$7,121.70   |  |

Section B - 12 Additional Pages Attached

# I. MONETARY RECEIPTS (Sections A—K)

|   |   |   |  |                         |                   |                        |  |
|---|---|---|--|-------------------------|-------------------|------------------------|--|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>  |   |   |  |                         |                   | <b>TYPE OF REPORT</b>  |  |
| Hernandez for Council   |   |   |  |                         |                   | July 10 Filing         |  |
| <b>C1. Contributions from Other Committees</b>  |   |   |  |                         |                   |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |                   |                        |  |
| N/A   |   |   |  |                         |                   |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                         |                   | Amount of Contribution |  |
|   |   |   | If yes, list Event # _____   |                         |                   |                        |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                         |                   | Amount of Contribution |  |
|   |   |   | If yes, list Event # _____   |                         |                   |                        |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Address   |   |   | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                         |                   | Amount of Contribution |  |
|   |   |   | If yes, list Event # _____   |                         |                   |                        |  |
| City  | State                                   | Zip Code  | Date Received  | Aggregate Contributions |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b>  |   |   |  |                         |                   |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |                   |                        |  |
| N/A   |   |   |  |                         |                   |                        |  |
| Address   |   |   | City   |                         | State             | Zip Code               |  |
|   |   |   |  |                         |                   |                        |  |
| Date Received   | Expenditure #<br><i>(if applicable)</i> | Payment Type  |  |                         | Amount of Receipt |                        |  |
|   |   | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |  |                         |                   |                        |  |
| Description   |   |   |  |                         |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Name of Committee   |   |   |  | Name of Treasurer       |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| Address   |   |   | City   |                         | State             | Zip Code               |  |
|   |   |   |  |                         |                   |                        |  |
| Date Received   | Expenditure #<br><i>(if applicable)</i> | Payment Type  |  |                         | Amount of Receipt |                        |  |
|   |   | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |  |                         |                   |                        |  |
| Description   |   |   |  |                         |                   |                        |  |
|   |   |   |  |                         |                   |                        |  |
| <b>SUBTOTAL Section C — This Page</b>   |   |   |  |                         |                   |                        |  |
| <b>TOTAL of additional Section C Pages</b>  |   |   |  |                         |                   |                        |  |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b><br><i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> |   |   |  |                         |                   |                        |  |

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

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Hernandez for Council  | July 10 Filing        |

**D. Loans Received this Period**

|   |      |  |          |  |
|---|------|--|----------|--|
| Name of Lender<br>N/A                             |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee |          | Date of Receipt  |
| Street Address                                    | City | State  | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |  |          | Amount Received  |
|   |      |  |          | 0  |
| Street Address                                    | City | State  | Zip Code |  |
| Name of Lender                                    |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee |          | Date of Receipt  |
| Street Address                                    | City | State  | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |  |          | Amount Received  |
|   |      |  |          |  |
| Street Address                                    | City | State  | Zip Code |  |
| Name of Lender                                    |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee |          | Date of Receipt  |
| Street Address                                    | City | State  | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |  |          | Amount Received  |
|   |      |  |          |  |
| Street Address                                    | City | State  | Zip Code |  |

**TOTAL SECTION D**

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

|                       |       |          |                         |                 |
|-----------------------|-------|----------|-------------------------|-----------------|
| Name of Entity<br>N/A |       |          |                         |                 |
| Street Address        |       |          | Date Received           | Amount Received |
|                       |       |          |                         | 0               |
| City                  | State | Zip Code | Aggregate Contributions |                 |
| Name of Entity        |       |          |                         |                 |
| Street Address        |       |          | Date Received           | Amount Received |
|                       |       |          |                         |                 |
| City                  | State | Zip Code | Aggregate Contributions |                 |
| Name of Entity        |       |          |                         |                 |
| Street Address        |       |          | Date Received           | Amount Received |
|                       |       |          |                         |                 |
| City                  | State | Zip Code | Aggregate Contributions |                 |

**TOTAL SECTION E**

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

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Hernandez for Council  | July 10 Filing        |

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

| Date of Receipt        | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
|------------------------|--|---|--------|
| N/A                    |  |   | 0      |
| Date of Receipt        | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt        | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt        | Is this transaction associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| <b>TOTAL SECTION F</b> |  |   |        |

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

| Date of Receipt        | Date of Receipt | Date of Receipt |
|------------------------|-----------------|-----------------|
| N/A                    |                 |                 |
| Amount                 | Amount          | Amount          |
| 0                      |                 |                 |
| <b>TOTAL SECTION G</b> |                 |                 |

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

| Date of Receipt        | Method of payment:  | Amount |
|------------------------|---|--------|
| N/A                    | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | 0      |
| Date of Receipt        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt        | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| <b>TOTAL SECTION H</b> |   |        |

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Hernandez for Council  | July 10 Filing        |

#### J. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | Amount            |
|---------------------|---------------|-------------------|
| N/A                 |               | 0                 |
| Street Address      | City          | State    Zip Code |
| Name of Institution | Date Received | Amount            |
| Street Address      | City          | State    Zip Code |

#### TOTAL SECTION J

#### K. Miscellaneous Monetary Receipts not Considered Contributions

| Name           | Date of Transaction | Amount Received   |
|----------------|---------------------|-------------------|
| N/A            |                     | 0                 |
| Street Address | City                | State    Zip Code |
| Description    |                     |                   |
| Name           | Date of Transaction | Amount Received   |
| Street Address | City                | State    Zip Code |
| Description    |                     |                   |
| Name           | Date of Transaction | Amount Received   |
| Street Address | City                | State    Zip Code |
| Description    |                     |                   |
| Name           | Date of Transaction | Amount Received   |
| Street Address | City                | State    Zip Code |
| Description    |                     |                   |
| Name           | Date of Transaction | Amount Received   |
| Street Address | City                | State    Zip Code |
| Description    |                     |                   |

#### TOTAL SECTION K

#### SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

|  |   |   |
|--|---|---|
| Total Loans Received this Period (Section D)   |   | 0 |
| Total Receipts from Entities other than Individuals or Other Committees (Section E)  | + | 0 |
| Total Amount Transferred from Affiliated Business Treasury (Section F)   | + | 0 |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)  | + | 0 |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H)   | + | 0 |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J)  | + | 0 |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)   | + | 0 |
| <b>Total of Other Monetary Receipts</b><br><i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i> |   | 0 |

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

|   |        |                                |  |          |
|---|--------|--------------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |        |                                | TYPE OF REPORT   |          |
| Hernandez for Council   |        |                                | July 10 Filing   |          |
| <b>L1. Event Information</b>  |        |                                |  |          |
| Event #<br>Date of Event  | Letter | Description                    | Was this a fundraising event?  |          |
| 060523  | A      | Campaign Kick-off/Meet & Greet | <input checked="" type="radio"/> Yes <input type="radio"/> No  |          |
| Location: (Street Address)  |        | City                           | State  | Zip Code |
| 369 Capitol Avenue  |        | Hartford                       | CT   | 06106    |
| <b>Subpart 1: (All Committees)</b>  |        |                                |  |          |
| Was this event hosted at a personal residence?  |        |                                | <input type="radio"/> 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.)<br><input checked="" type="radio"/> No |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        |                                | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)<br><input checked="" type="radio"/> No  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        |                                | <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="radio"/> No <span style="float: right;">→ \$ 0</span>  |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>                       |        |                                |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        |                                | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)<br><input checked="" type="radio"/> No   |          |
| <b>Subpart 3: (Town Committees ONLY)</b>  |        |                                |  |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        |                                | <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br><input checked="" type="radio"/> No <span style="float: right;">→ \$ 0</span>  |          |
| Event #<br>Date of Event  | Letter | Description                    | Was this a fundraising event?  |          |
| N/A   |        |                                | <input type="radio"/> Yes <input type="radio"/> No   |          |
| Location: Street Address  |        | City                           | State  | Zip Code |
|   |        |                                |  |          |
| <b>Subpart 1: (All Committees)</b>  |        |                                |  |          |
| Was this event hosted at a personal residence?  |        |                                | <input type="radio"/> 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.)<br><input type="radio"/> No            |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        |                                | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)<br><input type="radio"/> No   |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        |                                | <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br><input type="radio"/> No <span style="float: right;">→ \$</span>   |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>                       |        |                                |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        |                                | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)<br><input type="radio"/> No  |          |
| <b>Subpart 3: (Town Committees ONLY)</b>  |        |                                |  |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        |                                | <input type="radio"/> Yes (If yes, enter Total Receipts here.)<br><input type="radio"/> No <span style="float: right;">→ \$</span>   |          |
| <b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>                                 |        |                                | 0  |          |
| <b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>                                  |        |                                | 0  |          |
| <b>TOTAL of additional Section L1 Pages</b>   |        |                                | 0  |          |
| <b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b><br><i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>                      |        |                                | 0  |          |



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

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Hernandez for Council  | July 10 Filing        |

**L3. Purchases of Advertising in a Program Book or on a Sign**

|                   |         |                                    |                               |   |          |
|-------------------|---------|------------------------------------|-------------------------------|---|----------|
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
| N/A               |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>  |  |  |  | 0 |  |
| <b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>  |  |  |  | 0 |  |
| <b>TOTAL of additional Section L3 Pages</b>  |  |  |  | 0 |  |
| <b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b><br><i>(Enter total on Line 16c, Column A of Summary Page Totals)</i> |  |  |  | 0 |  |

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

|  |                         |         |                               |                   |
|--|-------------------------|---------|-------------------------------|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |                         |         | TYPE OF REPORT                |                   |
| Hernandez for Council  |                         |         | July 10 Filing                |                   |
| <b>L4. In-Kind Donations Not Considered Contributions</b>  |                         |         |                               |                   |
| Name of Donor<br>n/a   |                         |         |                               |                   |
| Street Address   |                         | City    |                               | State<br>Zip Code |
| Donation Given By:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         | Fair Market Value of Donation |                   |
|  | Date Received           | Event # |                               |                   |
| Name of Donor  |                         |         |                               |                   |
| Street Address   |                         | City    |                               | State<br>Zip Code |
| Donation Given By:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         | Fair Market Value of Donation |                   |
|  | Date Received           | Event # |                               |                   |
| Name of Donor  |                         |         |                               |                   |
| Street Address   |                         | City    |                               | State<br>Zip Code |
| Donation Given By:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         | Fair Market Value of Donation |                   |
|  | Date Received           | Event # |                               |                   |
| Name of Donor  |                         |         |                               |                   |
| Street Address   |                         | City    |                               | State<br>Zip Code |
| Donation Given By:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         | Fair Market Value of Donation |                   |
|  | Date Received           | Event # |                               |                   |
| <b>SUBTOTAL Section L4— This Page</b>  |                         |         |                               |                   |
|  |                         |         | 0                             |                   |
| <b>TOTAL of additional Section L4 Pages</b>  |                         |         |                               |                   |
|  |                         |         | 0                             |                   |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b><br><i>(Enter total on Line 21, Column A of Summary Page Totals)</i>       |                         |         |                               |                   |
|  |                         |         | 0                             |                   |

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

|   |   |   |   |          |
|---|---|---|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   |   |   | TYPE OF REPORT  |          |
| Hernandez for Council   |   |   | July 10 Filing  |          |
| <b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>   |   |   |   |          |
| Name of Host<br>N/A   |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |          |
| Street Address  |   | City  |   | State    |
| Street Address  |   | City  |   | Zip Code |
| Description of Donation   |   |   | Fair Market Value of Donation   |          |
| Event #   | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> |   |          |
| Name of Host  |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |          |
| Street Address  |   | City  |   | State    |
| Street Address  |   | City  |   | Zip Code |
| Description of Donation   |   |   | Fair Market Value of Donation   |          |
| Event #   | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> |   |          |
| Name of Host  |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |          |
| Street Address  |   | City  |   | State    |
| Street Address  |   | City  |   | Zip Code |
| Description of Donation   |   |   | Fair Market Value of Donation   |          |
| Event #   | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> |   |          |
| Name of Host  |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |          |
| Street Address  |   | City  |   | State    |
| Street Address  |   | City  |   | Zip Code |
| Description of Donation   |   |   | Fair Market Value of Donation   |          |
| Event #   | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> |   |          |
| Name of Host  |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |          |
| Street Address  |   | City  |   | State    |
| Street Address  |   | City  |   | Zip Code |
| Description of Donation   |   |   | Fair Market Value of Donation   |          |
| Event #   | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> |   |          |
| <b>SUBTOTAL Section L5 — This Page</b>  |   |   | 0   |          |
| <b>TOTAL of additional Section L5 Pages</b>   |   |   | 0   |          |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i> |   |   | 0   |          |

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

|  |  |                         |                                     |                   |  |
|--|--|-------------------------|-------------------------------------|-------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |                         |                                     | TYPE OF REPORT    |  |
| Hernandez for Council  |  |                         |                                     | July 10 Filing    |  |
| <b>M. In-Kind Contributions</b>  |  |                         |                                     |                   |  |
| Name<br>N/A  |  |                         |                                     |                   |  |
| Street Address   |  | City                    |                                     | State             | Zip Code                               |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |                         |                                     |                   | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____        | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |                         |                                     |                   |  |
| Name   |  |                         |                                     |                   |  |
| Street Address   |  | City                    |                                     | State             | Zip Code                               |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |                         |                                     |                   | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____        | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |                         |                                     |                   |  |
| Name   |  |                         |                                     |                   |  |
| Street Address   |  | City                    |                                     | State             | Zip Code                               |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received  | Aggregate Contributions | Description of In-Kind Contribution |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |                         |                                     |                   | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |                         |                                     |                   |  |
| <b>SUBTOTAL Section M — This Page</b>  |  | 0                       |                                     |                   |  |
| <b>TOTAL of additional Section M Pages</b>   |  | 0                       |                                     |                   |  |
| <b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>  |  | 0                       |                                     |                   |  |
| <b>N. Refundable Deposit to Telephone Company</b>  |  |                         |                                     |                   |  |
| Last Name of Individual<br>N/A   |  | First                   | MI                                  | Date Deposit Made |  |
| Residential Street Address   |  | City                    | State                               | Zip Code          | Amount of Deposit                      |
| Name of Telephone Company  |  |                         |                                     |                   |  |
| Street Address   |  | City                    | State                               | Zip Code          |  |
| <b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>   |  | 0                       |                                     |                   |  |

**IV. EXPENDITURES (Sections P—T)**

|  |   |                 |                |  |          |
|--|---|-----------------|----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                     |   |                 | TYPE OF REPORT |  |          |
| Hernandez for Council  |   |                 | July 10 Filing |  |          |
| <b>P. Expenses Paid by Committee</b>   |   |                 |                |  |          |
| Name of Payee  |   | Date of Payment |                | Method of Payment:   |          |
| Red Rock Tavern  |   | 6/5/23          |                | <input checked="" type="radio"/> Check # 1001<br><input type="radio"/> Debit Card <input type="radio"/> EFT  |          |
| Street Address   |   | City            |                | State  | Zip Code |
| 369 Capitol Avenue   |   | Hartford        |                | CT   | 06106    |
| Purpose of Expenditure (by code)   | Description   | Event #         |                | Amount   |          |
| FNDR   | Campaign Kick-off / Meet & Greet  | 060523A         |                | \$230.00   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |                 |                |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                 |                |  |          |
| Name of Payee  |   | Date of Payment |                | Method of Payment:   |          |
| Bank of America  |   |                 |                | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input checked="" type="radio"/> EFT |          |
| Street Address   |   | City            |                | State  | Zip Code |
| 790 Maple Avenue   |   | Hartford        |                | CT   | 06106    |
| Purpose of Expenditure (by code)   | Description   | Event #         |                | Amount   |          |
| MISC   | Bank Checks for Campaign Purposes   |                 |                | \$51.49  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |                 |                |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                 |                |  |          |
| Name of Payee  |   | Date of Payment |                | Method of Payment:   |          |
| Anedot   |   | 6/30/23         |                | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input checked="" type="radio"/> EFT |          |
| Street Address   |   | City            |                | State  | Zip Code |
| 1340 Poydras Street Suite 1770   |   | New Orleans     |                | LA   | 70112    |
| Purpose of Expenditure (by code)   | Description   | Event #         |                | Amount   |          |
| MISC   | Donation Processing Fees  |                 |                | \$182.40   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |                 |                |  |          |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |                 |                |  |          |
| Name of Payee  |   | Date of Payment |                | Method of Payment:   |          |
|  |   |                 |                | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT            |          |
| Street Address   |   | City            |                | State  | Zip Code |
|  |   |                 |                |  |          |
| Purpose of Expenditure (by code)   | Description   | Event #         |                | Amount   |          |
|  |   |                 |                |  |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  |                 |                |  |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |                 |                |  |          |
| <b>SUBTOTAL Section P — This Page</b>  |   |                 |                | \$463.89   |          |
| <b>TOTAL of additional Section P Pages</b>   |   |                 |                | \$463.89   |          |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b><br><i>(Enter total on Line 19, Column A of Summary Page Totals)</i> |   |                 |                | \$463.89   |          |

**IV. EXPENDITURES (Sections P—T)**

|   |                              |               |                 |   |
|---|------------------------------|---------------|-----------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                              |                              |               | TYPE OF REPORT  |   |
| Hernandez for Council   |                              |               | July 10 Filing  |   |
| <b>Q. Campaign Expenses Paid by Candidate</b>   |                              |               |                 |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
| WIX   |                              |               | 5/17/23         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address  |                              | City          | State           | Zip Code  |
| 500 Terry A Francois Boulevard FI-6   |                              | San Francisco | CA              | 94158   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
| WEB   | Website Hosting              |               | \$24.46         |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
| GoDaddy   |                              |               | 5/7/23          | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address  |                              | City          | State           | Zip Code  |
| 2155 E. GoDaddy Way   |                              | Tempe         | AZ              | 85284   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
| WEB   | Website Domain Name Purchase |               | \$3.17          |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
| Wix   |                              |               | 6/15/23         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address  |                              | City          | State           | Zip Code  |
| 500 Terry A Francois Boulevard FI-6   |                              | San Francisco | CA              | 94158   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
| WEB   | Website Hosting              |               | \$24.46         |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
| Hernandez for City Council  |                              |               | 4/21/23         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address  |                              | City          | State           | Zip Code  |
| Bank of America, 790 Maple Avenue   |                              | Hartford      | CT              | 06114   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
| MISC  | Deposit to Open Bank Account |               | \$100           |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
|   |                              |               |                 | <input type="radio"/> Yes <input type="radio"/> No            |
| Street Address  |                              | City          | State           | Zip Code  |
|   |                              |               |                 |   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
|   |                              |               |                 |   |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)                                |                              |               | Date of Payment | Is reimbursement claimed?                                     |
|   |                              |               |                 | <input type="radio"/> Yes <input type="radio"/> No            |
| Street Address  |                              | City          | State           | Zip Code  |
|   |                              |               |                 |   |
| Purpose of Expenditure (by code)  | Description                  | Event #       | Amount          |   |
|   |                              |               |                 |   |
| <b>SUBTOTAL Section Q — This Page</b>   |                              |               | \$152.09        |   |
| <b>TOTAL of additional Section Q Pages</b>  |                              |               | \$152.09        |   |
| <b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b><br>(Enter total on Line 26, Column A of Summary Page Totals) |                              |               | \$152.09        |   |



IV. EXPENDITURES (Sections P—T)

|  |  |         |                                      |          |
|--|--|---------|--------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |         | TYPE OF REPORT                       |          |
| Hernandez for Council  |  |         | July 10 Filing                       |          |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period</b>   |  |         |                                      |          |
| Name of Creditor   |  |         | Date Incurred                        |          |
| N/A  |  |         |                                      |          |
| Street Address   |  | City    | State                                | Zip Code |
|  |  |         |                                      |          |
| Purpose of Expenditure (by code)   | Description  | Event # | Amount Incurred (Estimate or Actual) |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   |         |                                      |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                                      |          |
| Name of Creditor   |  |         | Date Incurred                        |          |
|  |  |         |                                      |          |
| Street Address   |  | City    | State                                | Zip Code |
|  |  |         |                                      |          |
| Purpose of Expenditure (by code)   | Description  | Event # | Amount Incurred (Estimate or Actual) |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   |         |                                      |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                                      |          |
| Name of Creditor   |  |         | Date Incurred                        |          |
|  |  |         |                                      |          |
| Street Address   |  | City    | State                                | Zip Code |
|  |  |         |                                      |          |
| Purpose of Expenditure (by code)   | Description  | Event # | Amount Incurred (Estimate or Actual) |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   |         |                                      |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                                      |          |
| <b>SUBTOTAL Section S-This Page</b>  |  |         | 0                                    |          |
| <b>TOTAL of additional Section S Pages</b>   |  |         | 0                                    |          |
| <b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b><br><i>(Enter total on Line 28, Column A of Summary Page Totals)</i> |  |         | 0                                    |          |
| Previously reported Expenses Unpaid and still Outstanding  |  |         | 0                                    |          |
| <b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b><br><i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>                   |  |         | 0                                    |          |



**IV. EXPENDITURES (Sections P—T)**

|  |  |               |   |          |
|--|--|---------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |               | TYPE OF REPORT  |          |
| Hernandez for Council  |  |               | July 10 Filing  |          |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                   |  |               |   |          |
| Last Name of Worker/Consultant   |  | First         |   | MI       |
| Hernandez  |  | Amilcar       |   | I        |
| Date of Payment to Vendor, Person or Entity                                    |  |               | 6/28/23   |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  |               | Payment to Reimburse Committee Worker/Consultant as reported in Section P:                              |          |
| WIX  |  |               | <input checked="" type="radio"/> Check #1002 <input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City          |   | State    |
| 500 Terry A Francois Boulevard Fl-6  |  | San Francisco |   | CA       |
| Zip Code   |  | 94158         |   |          |
| Purpose of Expenditure (by code)   | Description  | Event #       |   | Amount   |
| WEB  | Website Hosting  |               |   | \$48.92  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)   |               |   |          |
|  | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |               |   |          |
| Last Name of Worker/Consultant   |  | First         |   | MI       |
| Hernandez  |  | Amilcar       |   | I        |
| Date of Payment to Vendor, Person or Entity                                    |  |               | 6/28/23   |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  |               | Payment to Reimburse Committee Worker/Consultant as reported in Section P:                              |          |
| GoDaddy  |  |               | <input checked="" type="radio"/> Check #1002 <input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City          |   | State    |
| 2155 E. GoDaddy Way  |  | Tempe         |   | AZ       |
| Zip Code   |  | 85284         |   |          |
| Purpose of Expenditure (by code)   | Description  | Event #       |   | Amount   |
| WEB  | Website Domain Name Purchase   |               |   | \$3.17   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)   |               |   |          |
|  | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |               |   |          |
| Last Name of Worker/Consultant   |  | First         |   | MI       |
| Hernandez  |  | Amilcar       |   | I        |
| Date of Payment to Vendor, Person or Entity                                    |  |               | 6/28/23   |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |  |               | Payment to Reimburse Committee Worker/Consultant as reported in Section P:                              |          |
| Hernandez for City Council   |  |               | <input checked="" type="radio"/> Check #1002 <input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City          |   | State    |
| Bank of America, 790 Maple Avenue  |  | Hartford      |   | CT       |
| Zip Code   |  | 06114         |   |          |
| Purpose of Expenditure (by code)   | Description  | Event #       |   | Amount   |
| MISC   | Deposit to Open Bank Account   |               |   | \$100.00 |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)   |               |   |          |
|  | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D            |               |   |          |
| <b>SUBTOTAL Section T — This Page</b>  |  |               |   | \$152.09 |
| <b>TOTAL of additional Section T Pages</b>                                     |  |               |   | 0        |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>         |  |               |   | \$152.09 |



Section B ADDITIONAL PAGE 1 of 12

|  |  |  |                         |  |          |
|--|--|--|-------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |  |                         | TYPE OF REPORT   |          |
| Hernandez for Council  |  |  |                         | July 10 Filing   |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  |  |                         | SUBTOTAL SECTION A   |          |
|  |  |  |                         | \$1,700.00 40  |          |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |                         |  |          |
| Last Name  |  | First  |                         | MI   |          |
| Blythe   |  | Venica   |                         |  |          |
| Residential Street Address   |  | City   |                         | State  | Zip Code |
| 10 Carol Rd  |  | West Hartford  |                         | CT   | 06110    |
| Principal Occupation   |  | Name of Employer   |                         |  |          |
| Teacher  |  | State of Connecticut   |                         |  |          |
| 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? |                         | Amount of Contribution   |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         | \$100.00   |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order |  | 6/30/23  | \$100.00                |  |          |
| Last Name  |  | First  |                         | MI   |          |
| Cruz   |  | Jose   |                         |  |          |
| 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 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? |                         | Amount of Contribution   |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         | \$100.00   |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order |  | 5/12/23  | \$100.00                |  |          |
| Last Name  |  | First  |                         | MI   |          |
| Dawes  |  | Girard   |                         |  |          |
| Residential Street Address   |  | City   |                         | State  | Zip Code |
| 54 Walker Street   |  | Manchester   |                         | CT   | 06040    |
| Principal Occupation   |  | Name of Employer   |                         |  |          |
| Director   |  | Our Piece of the Pie, Inc.   |                         |  |          |
| 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? |                         | Amount of Contribution   |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         | \$100.00   |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   |                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order |  | 6/30/23  | \$100.00                |  |          |
| <b>SUBTOTAL Section B — This Page</b>  |  |  |                         | \$300.00   |          |
| <b>TOTAL of additional Section B Pages</b>   |  |  |                         | \$5,631.70   |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  |  |                         | \$7,121.70   |          |

|   |  |  |                                    |
|---|--|--|------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT   |                                    |
| Hernandez for Council   |  | July 10 Filing   |                                    |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>  |  | <b>SUBTOTAL SECTION A</b>  |                                    |
|   |  | \$1,190.00   |                                    |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |                                    |
| Last Name<br>Fonfara  |  | First<br>John  | MI                                 |
| Residential Street Address<br>99 Montowese Street   |  | City<br>Hartford   | State<br>CT                        |
|   |  | Zip Code<br>06114  |                                    |
| Principal Occupation<br>Energy  |  | Name of Employer<br>Wattifi  |                                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution<br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                                    |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>6/30/23   |                                    |
|   |  | Aggregate Contributions<br>\$100.00  |                                    |
| Last Name<br>Galarza  |  | First<br>Amilcar   | MI                                 |
| Residential Street Address<br>332 Freeman St  |  | City<br>Hartford   | State<br>CT                        |
|   |  | Zip Code<br>06106  |                                    |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution<br>\$240.00 |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                                    |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>5/10/23   |                                    |
|   |  | Aggregate Contributions<br>\$240.00  |                                    |
| Last Name<br>Galarza  |  | First<br>Lavynia   | MI                                 |
| Residential Street Address<br>3250 Tabby Drive  |  | City<br>Clarksville  | State<br>TN                        |
|   |  | Zip Code<br>37042  |                                    |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                    |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution<br>\$250.00 |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                                    |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>5/30/23   |                                    |
|   |  | Aggregate Contributions<br>\$250.00  |                                    |
| <b>SUBTOTAL Section B — This Page</b>   |  | \$590.00   |                                    |
| <b>TOTAL of additional Section B Pages</b>  |  | \$5,341.70   |                                    |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>   |  | \$7,121.70   |                                    |

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  | TYPE OF REPORT   |  |
| Hernandez for Council  |  | July 10 Filing   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  | <b>SUBTOTAL SECTION A</b>  |  |
|  |  | \$1,190.00   |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |  |
| Last Name  |  | First  | MI   |
| Galarza  |  | Olga   | E  |
| Residential Street Address   |  | City   | State Zip Code   |
| 1800 Silas Deane Highway Apt-115N  |  | Rocky Hill   | CT 06067   |
| Principal Occupation   |  | Name of Employer   |  |
| Retired  |  | Retired  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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?     | Amount of Contribution   |
|  |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   | \$250.00   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| Method of Contribution:  | Date Received  | Aggregate Contributions  |  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 6/30/23  | \$250.00   |  |
| Last Name  |  | First  | MI   |
| Gross  |  | Karen  |  |
| Residential Street Address   |  | City   | State Zip Code   |
| 32 Merrow Road   |  | Tolland  | CT 06084   |
| Principal Occupation   |  | Name of Employer   |  |
| Fund Development   |  | Archdiocese of Hartford  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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?     | Amount of Contribution   |
|  |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   | \$125.00   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| Method of Contribution:  | Date Received  | Aggregate Contributions  |  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 6/30/23  | \$125.00   |  |
| Last Name  |  | First  | MI   |
| Hernandez  |  | Andres   | I  |
| Residential Street Address   |  | City   | State Zip Code   |
| Urb. Santa Juanita Calle 31 GG - 25  |  | Bayamon  | PR 00956   |
| Principal Occupation   |  | Name of Employer   |  |
| Retired  |  | Retired  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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?     | Amount of Contribution   |
|  |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   | \$250.00   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # _____  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| Method of Contribution:  | Date Received  | Aggregate Contributions  |  |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 5/30/23  | \$250.00   |  |
| <b>SUBTOTAL Section B — This Page</b>  |  | \$625.00   |  |
| <b>TOTAL of additional Section B Pages</b>   |  | \$5,306.70   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  | \$7,121.70   |  |

**Section B ADDITIONAL PAGE** 4 **of** 12

|  |  |  |  |
|--|--|--|--|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>   |  | <b>TYPE OF REPORT</b>  |  |
| Hernandez for Council  |  | July 10 Filing   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  | <b>SUBTOTAL SECTION A</b>  |  |
|  |  | \$1,190.00   |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |  |
| <b>Last Name</b>   |  | <b>First</b>   |  |
| Hernandez  |  | Cindy  |  |
| <b>Residential Street Address</b>  |  | <b>City</b>  | <b>State</b> <b>Zip Code</b>                                     |
| Ext. Punta Palma Calle Puerto Bzn-169  |  | Barceloneta  | PR    00617  |
| <b>Principal Occupation</b>  |  | <b>Name of Employer</b>  |  |
| Food Preparer  |  | Head Start   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <b>Amount of Contribution</b>  |  |
|  |  | \$250.00   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |  |
| <b>Method of Contribution:</b>   |  | <b>Date Received</b>   | <b>Aggregate Contributions</b>                                   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/24/23  | \$250.00   |
| <b>Last Name</b>   |  | <b>First</b>   |  |
| Jinelle  |  | Hooker   |  |
| <b>Residential Street Address</b>  |  | <b>City</b>  | <b>State</b> <b>Zip Code</b>                                     |
| 87 Prospect street   |  | Manchester   | CT    06040  |
| <b>Principal Occupation</b>  |  | <b>Name of Employer</b>  |  |
| Community School Manager   |  | Hartford Public Schools  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <b>Amount of Contribution</b>  |  |
|  |  | \$150.00   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |  |
| <b>Method of Contribution:</b>   |  | <b>Date Received</b>   | <b>Aggregate Contributions</b>                                   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/30/23  | \$150.00   |
| <b>Last Name</b>   |  | <b>First</b>   |  |
| Lebron   |  | Nick   |  |
| <b>Residential Street Address</b>  |  | <b>City</b>  | <b>State</b> <b>Zip Code</b>                                     |
| 192 Laurel St  |  | Hartford   | CT    06105  |
| <b>Principal Occupation</b>  |  | <b>Name of Employer</b>  |  |
| Councilman   |  | City of Hartford   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <b>Amount of Contribution</b>  |  |
|  |  | \$100.00   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |  |
| <b>Method of Contribution:</b>   |  | <b>Date Received</b>   | <b>Aggregate Contributions</b>                                   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/16/23  | \$100.00   |
| <b>SUBTOTAL Section B — This Page</b>  |  | \$500.00   |  |
| <b>TOTAL of additional Section B Pages</b>   |  | \$5,431.70   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  | \$7,121.70   |  |

|  |   |  |   |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   | TYPE OF REPORT   |   |
| Hernandez for Council  |   | July 10 Filing   |   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |   | <b>SUBTOTAL SECTION A</b>  |   |
|  |   | \$1,190.00   |   |
| <b>B. Itemized Contributions from Individuals</b>  |   |  |   |
| Last Name  |   | First  | MI  |
| Medina   |   | Sonia  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 55 Brittany Farms Road Apt-109   |   | New Britain  | CT 06053  |
| Principal Occupation   |   | Name of Employer   |   |
| Insurance Agent  |   | AAA  |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | \$75.00   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br>060523A | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 6/5/23   | \$75.00   |
| Last Name  |   | First  | MI  |
| Moran  |   | Hector   |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 371 Franklin Avenue Apt-25   |   | Hartford   | CT 06114  |
| Principal Occupation   |   | Name of Employer   |   |
| Manager  |   | Penthouse Cigar Shop   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | \$100.00  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br>060523A | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 6/5/23   | \$100.00  |
| Last Name  |   | First  | MI  |
| Moro   |   | Patricia   |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 13 Baldwin Ave   |   | Meriden  | CT 06450  |
| Principal Occupation   |   | Name of Employer   |   |
| Chief Financial Officer  |   | Our Piece of the Pie, Inc.   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | \$100.00  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 5/15/23  | \$100.00  |
| <b>SUBTOTAL Section B — This Page</b>  |   | \$275.00   |   |
| <b>TOTAL of additional Section B Pages</b>   |   | \$5,656.70   |   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |   | \$7,121.70   |   |

Section B ADDITIONAL PAGE 6 of 12

|  |  |  |                         |
|--|--|--|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  | TYPE OF REPORT   |                         |
| Hernandez for Council  |  | July 10 Filing   |                         |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |  | <b>SUBTOTAL SECTION A</b>  |                         |
|  |  | \$1,190.00   |                         |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |                         |
| Last Name  |  | First  | MI                      |
| Negrón   |  | Aixa   |                         |
| Residential Street Address   |  | City   | State Zip Code          |
| Urb. Santa Juanita Calle 31 GG-25  |  | Bayamon  | PR 00956                |
| Principal Occupation   |  | Name of Employer   |                         |
| Retired  |  | Retired  |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | \$100.00                |
| Method of Contribution:  |  | Date Received  |                         |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 5/9/23   | Aggregate Contributions |
|  |  |  | \$100.00                |
| Last Name  |  | First  | MI                      |
| Ortiz  |  | Daniel   |                         |
| Residential Street Address   |  | City   | State Zip Code          |
| 139 Freeman St   |  | Hartford   | CT 06114                |
| Principal Occupation   |  | Name of Employer   |                         |
| Retired  |  | Retired  |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | \$200.00                |
| Method of Contribution:  |  | Date Received  |                         |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/5/23   | Aggregate Contributions |
|  |  |  | \$200.00                |
| Last Name  |  | First  | MI                      |
| Ortiz  |  | Liberty  |                         |
| Residential Street Address   |  | City   | State Zip Code          |
| 139 Freeman St   |  | Hartford   | CT 06114                |
| Principal Occupation   |  | Name of Employer   |                         |
| Executive Assistant  |  | Hartford Hospital  |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | Amount of Contribution  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | \$125.00                |
| Method of Contribution:  |  | Date Received  |                         |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/4/23   | Aggregate Contributions |
|  |  |  | \$125.00                |
| <b>SUBTOTAL Section B — This Page</b>  |  | \$425.00   |                         |
| <b>TOTAL of additional Section B Pages</b>   |  | \$5,506.70   |                         |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |  | \$7,121.70   |                         |



|  |   |  |   |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   | TYPE OF REPORT   |   |
| Hernandez for Council  |   | July 10 Filing   |   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |   | <b>SUBTOTAL SECTION A</b>  |   |
|  |   | \$ 1,190.00  |   |
| <b>B. Itemized Contributions from Individuals</b>  |   |  |   |
| Last Name  |   | First  | MI  |
| Perez  |   | Eddie  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 64 Catherine St  |   | Hartford   | CT 06106  |
| Principal Occupation   |   | Name of Employer   |   |
| Transport Coordinator  |   | CREC   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | Amount of Contribution  |
|  |   |  | \$75.00   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br>060523A | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 6/5/23   | \$75.00   |
| Last Name  |   | First  | MI  |
| Piazza   |   | Pablo  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 7125 Inverness Court   |   | West Chester   | OH 45069  |
| Principal Occupation   |   | Name of Employer   |   |
| Engineer   |   | General Electric   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | Amount of Contribution  |
|  |   |  | \$100.00  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 5/10/23  | \$100.00  |
| Last Name  |   | First  | MI  |
| Pitts  |   | Quentin  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 87 Prospect Street   |   | Manchester   | CT 06040  |
| Principal Occupation   |   | Name of Employer   |   |
| Job Developer  |   | Wheeler Clinic   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
|  |   |  | Amount of Contribution  |
|  |   |  | \$100.00  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  |   | Date Received  | Aggregate Contributions   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |   | 6/5/23   | \$100.00  |
| <b>SUBTOTAL Section B — This Page</b>  |   | \$275.00   |   |
| <b>TOTAL of additional Section B Pages</b>   |   | \$5,656.70   |   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |   | \$7,121.70   |   |

Section B ADDITIONAL PAGE 8 of 12

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT   |  |
| Hernandez for Council   |  | July 10 Filing   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  | <b>SUBTOTAL SECTION A</b>  |  |
|   |  | \$ 1,190.00  |  |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |  |
| Last Name<br>Plaza  |  | First<br>Rosa  | MI<br>E  |
| Residential Street Address<br>290 South St  |  | City<br>Hartford   | State<br>CT  |
|   |  | Zip Code<br>06114  |  |
| Principal Occupation<br>HR Director   |  | Name of Employer<br>Our Piece of the Pie, Inc.   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  |  | Amount of Contribution<br>\$250.00                               |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>5/26/23   | Aggregate Contributions<br>\$250.00                              |
| Last Name<br>Rios   |  | First<br>Damaris   | MI   |
| Residential Street Address<br>332 Freeman St  |  | City<br>Hartford   | State<br>CT  |
|   |  | Zip Code<br>06106  |  |
| Principal Occupation<br>Social Work Supervisor  |  | Name of Employer<br>Klingberg Family Centers   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  |  | Amount of Contribution<br>\$250.00                               |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>5/8/23  | Aggregate Contributions<br>\$250.00                              |
| Last Name<br>Rivera   |  | First<br>Hector  | MI   |
| Residential Street Address<br>8 Hollandview Drive   |  | City<br>Bloomfield   | State<br>CT  |
|   |  | Zip Code<br>06002  |  |
| Principal Occupation<br>President & CEO   |  | Name of Employer<br>Our Piece of the Pie, Inc.   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  |  | Amount of Contribution<br>\$191.70                               |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>5/12/23   | Aggregate Contributions<br>\$191.70                              |
| <b>SUBTOTAL Section B — This Page</b>   |  | \$691.70   |  |
| <b>TOTAL of additional Section B Pages</b>  |  | \$5,240.00   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  | \$7,121.70   |  |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  | TYPE OF REPORT   |  |
| Hernandez for Council   |  | July 10 Filing   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)   |  | <b>SUBTOTAL SECTION A</b>  |  |
|   |  | \$ 1,190.00  |  |
| <b>B. Itemized Contributions from Individuals</b>   |  |  |  |
| Last Name<br>Rivera   |  | First<br>Paige MI  |  |
| Residential Street Address<br>225 Oxford Ct   |  | City<br>Meriden State<br>CT Zip Code<br>06450  |  |
| Principal Occupation<br>Administration  |  | Name of Employer<br>Collins  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |  |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>6/30/23   |  |
|   |  | Aggregate Contributions<br>\$100.00  |  |
| Last Name<br>Rivera   |  | First<br>Peytin MI   |  |
| Residential Street Address<br>8 Holland View Dr   |  | City<br>Bloomfield State<br>CT Zip Code<br>06002   |  |
| Principal Occupation<br>Student   |  | Name of Employer<br>Student  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |  |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>6/27/23   |  |
|   |  | Aggregate Contributions<br>\$100.00  |  |
| Last Name<br>Sanchez  |  | First<br>James MI  |  |
| Residential Street Address<br>370 Freeman Street  |  | City<br>Hartford State<br>CT Zip Code<br>06106   |  |
| Principal Occupation<br>Utility Systems Monitoring Tech   |  | Name of Employer<br>Metropolitan District Commission   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No     |  |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, list Event # _____   |  | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative |  |
| Method of Contribution:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | Date Received<br>6/30/23   |  |
|   |  | Aggregate Contributions<br>\$75.00   |  |
| <b>SUBTOTAL Section B — This Page</b>   |  | \$275.00   |  |
| <b>TOTAL of additional Section B Pages</b>  |  | \$5,656.70   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)  |  | \$7,121.70   |  |

|  |                       |
|--|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Hernandez for Council  | July 10 Filing        |

|  |                           |
|--|---------------------------|
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i> | <b>SUBTOTAL SECTION A</b> |
|  | \$ 1,190.00               |

**B. Itemized Contributions from Individuals**

|                      |                 |    |
|----------------------|-----------------|----|
| Last Name<br>Sanchez | First<br>Robert | MI |
|----------------------|-----------------|----|

|  |                     |             |                   |
|--|---------------------|-------------|-------------------|
| Residential Street Address<br>269 Washington Street Fl-3 | City<br>New Britain | State<br>CT | Zip Code<br>06051 |
|--|---------------------|-------------|-------------------|

|  |                                 |
|--|---------------------------------|
| Principal Occupation<br>State Representative | Name of Employer<br>State of CT |
|--|---------------------------------|

|  |  |   |
|--|--|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> 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?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | <b>Amount of Contribution</b><br>\$100.00 |
|--|--|---|

|  |  |  |
|--|--|--|
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive<br><input checked="" type="radio"/> Legislative<br><input type="radio"/> No |  |
|--|--|--|

|   |                         |                                     |
|---|-------------------------|-------------------------------------|
| Method of Contribution:<br><input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order | Date Received<br>6/5/23 | Aggregate Contributions<br>\$100.00 |
|---|-------------------------|-------------------------------------|

|                     |                 |    |
|---------------------|-----------------|----|
| Last Name<br>Torres | First<br>Hector | MI |
|---------------------|-----------------|----|

|   |               |             |                   |
|---|---------------|-------------|-------------------|
| Residential Street Address<br>PO Box 373094 | City<br>Cayey | State<br>PR | Zip Code<br>00737 |
|---|---------------|-------------|-------------------|

|                                 |                             |
|---------------------------------|-----------------------------|
| Principal Occupation<br>Retired | Name of Employer<br>Retired |
|---------------------------------|-----------------------------|

|  |  |   |
|--|--|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> 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?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | <b>Amount of Contribution</b><br>\$100.00 |
|--|--|---|

|  |  |  |
|--|--|--|
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive<br><input type="radio"/> Legislative<br><input checked="" type="radio"/> No |  |
|--|--|--|

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
| Method of Contribution:<br><input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order | Date Received<br>5/17/23 | Aggregate Contributions<br>\$100.00 |
|---|--------------------------|-------------------------------------|

|                       |                  |    |
|-----------------------|------------------|----|
| Last Name<br>Valentin | First<br>Richard | MI |
|-----------------------|------------------|----|

|  |                       |             |                   |
|--|-----------------------|-------------|-------------------|
| Residential Street Address<br>25 Taylor Street | City<br>East Hartford | State<br>CT | Zip Code<br>06118 |
|--|-----------------------|-------------|-------------------|

|                                   |                             |
|-----------------------------------|-----------------------------|
| Principal Occupation<br>Machinist | Name of Employer<br>Burteck |
|-----------------------------------|-----------------------------|

|  |  |   |
|--|--|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> 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?<br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | <b>Amount of Contribution</b><br>\$100.00 |
|--|--|---|

|  |  |  |
|--|--|--|
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes<br><input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive<br><input type="radio"/> Legislative<br><input checked="" type="radio"/> No |  |
|--|--|--|

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
| Method of Contribution:<br><input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input checked="" type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order | Date Received<br>5/17/23 | Aggregate Contributions<br>\$100.00 |
|---|--------------------------|-------------------------------------|

|                                       |          |
|---------------------------------------|----------|
| <b>SUBTOTAL Section B — This Page</b> | \$300.00 |
|---------------------------------------|----------|

|  |            |
|--|------------|
| <b>TOTAL of additional Section B Pages</b> | \$5,631.70 |
|--|------------|

|   |            |
|---|------------|
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | \$7,121.70 |
|---|------------|

|  |   |  |   |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |   | TYPE OF REPORT   |   |
| Hernandez for Council  |   | July 10 Filing   |   |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)  |   | <b>SUBTOTAL SECTION A</b>  |   |
|  |   | \$ 1,190.00  |   |
| <b>B. Itemized Contributions from Individuals</b>  |   |  |   |
| Last Name  |   | First  | MI  |
| Vega   |   | Sammy  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 332 Saybrooke St   |   | Hartford   | CT 06106  |
| Principal Occupation   |   | Name of Employer   |   |
| Chief Operating Officer  |   | Dressler Law   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br>060523A | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  | Date Received   | Aggregate Contributions  |   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 6/5/23  | \$250.00   |   |
| Last Name  |   | First  | MI  |
| Williams-Menard  |   | Paige  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 225 Oxford Ct  |   | Meriden  | CT 06450  |
| Principal Occupation   |   | Name of Employer   |   |
| HR Partner   |   | Collins Aerospace  |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  | Date Received   | Aggregate Contributions  |   |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 6/27/23   | \$250.00   |   |
| Last Name  |   | First  | MI  |
| DeJesus  |   | Isaac  |   |
| Residential Street Address   |   | City   | State Zip Code  |
| 11 Richard Rd  |   | Manchester   | CT 06040  |
| Principal Occupation   |   | Name of Employer   |   |
| USPS   |   | USPS   |   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   | <input type="radio"/> Yes<br><input checked="" type="radio"/> 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? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br>060523A | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Executive <input type="radio"/> Legislative |
| Method of Contribution:  | Date Received   | Aggregate Contributions  |   |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 6/5/23  | \$250.00   |   |
| <b>SUBTOTAL Section B — This Page</b>  |   | \$750.00   |   |
| <b>TOTAL of additional Section B Pages</b>   |   | \$5,181.70   |   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page Totals)   |   | \$7,121.70   |   |

Section B ADDITIONAL PAGE 12 of 12

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  | TYPE OF REPORT  |  |
| Hernandez for Council  |  | July 10 Filing  |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  | <b>SUBTOTAL SECTION A</b><br>\$ 1,190.00  |  |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |  |
| Last Name  |  | First   |  |
| Perez  |  | Shakira   |  |
| Residential Street Address   |  | City  |  |
| 60 Willard St  |  | Hartford  |  |
| Principal Occupation   |  | Name of Employer  |  |
| Teacher  |  | Hartford Public Schools   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> 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?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060523A</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative   |  |
| Method of Contribution:  |  | Date Received   |  |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/5/23  |  |
|  |  | Aggregate Contributions   |  |
|  |  | \$100.00  |  |
| Last Name  |  | First   |  |
| Rivera   |  | Nancy   |  |
| Residential Street Address   |  | City  |  |
| 27 Stoddard Ave  |  | Newington   |  |
| Principal Occupation   |  | Name of Employer  |  |
| Teacher  |  | Montessori School of Greater Hartford   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> 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?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060523A</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |
| <input type="radio"/> Yes <input checked="" type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative   |  |
| Method of Contribution:  |  | Date Received   |  |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/5/23  |  |
|  |  | Aggregate Contributions   |  |
|  |  | \$100.00  |  |
| Last Name  |  | First   |  |
| Rodriguez  |  | Juan  |  |
| Residential Street Address   |  | City  |  |
| 4 Austin St  |  | New Britain   |  |
| Principal Occupation   |  | Name of Employer  |  |
| Driver   |  | Dressler Law  |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> 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?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>060523A</u>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  |  |
| <input type="radio"/> Yes <input checked="" type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative   |  |
| Method of Contribution:  |  | Date Received   |  |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 6/5/23  |  |
|  |  | Aggregate Contributions   |  |
|  |  | \$250.00  |  |
| <b>SUBTOTAL Section B — This Page</b>  |  | \$450.00  |  |
| <b>TOTAL of additional Section B Pages</b>   |  | \$5,481.70  |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  | \$7,121.70  |  |