

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Hernandez for Congress 2016

ADDRESS (number and street) 249 E. Ocean Blvd. Ste. 685
 Check if different than previously reported. (ACC) Long Beach CA 90802

2. **FEC IDENTIFICATION NUMBER** ▼ C C00596858 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 32

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 05 / 19 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David L Gould

Signature of Treasurer David L Gould *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 09 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Hernandez for Congress 2016

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8849.99	107564.23
(b) Total Contribution Refunds (from Line 20(d))	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8849.99	105564.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37864.39	109973.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37864.39	109973.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	60668.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	68046.38	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Hernandez for Congress 2016

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2700.00	85050.00
(ii) Unitemized.....	6149.99	15134.23
(iii) TOTAL of contributions from individuals ▶	8849.99	100184.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7380.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8849.99	107564.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	80000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	80000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	30.00	78.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	8879.99	187642.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37864.39	109973.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	15000.00	15000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	15000.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	52864.39	126973.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	104653.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8879.99
25. SUBTOTAL (add Line 23 and Line 24).....	113533.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52864.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	60668.89

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

A. Full Name (Last, First, Middle Initial)
Barona Band of Mission Indians

Mailing Address 1095 Barona Rd.

City Lakeside State CA Zip Code 92040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : INCA245

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

2700.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. California Bank & Trust			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 550 S. Hope St.			Amount of Each Disbursement this Period 1671.55		
City Los Angeles	State CA	Zip Code 90071	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Credit Card Charges		Category/ Type 001	Transaction ID : EXPB199		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Albertsons			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 2630 E Workman Ave.			Amount of Each Disbursement this Period 243.12		
City West Covina	State CA	Zip Code 91791	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Office Expenses		Category/ Type 001	Transaction ID : PDTB1EXPB199		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. 3 Vinos			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016		
Mailing Address 201 North Citrus Ave.			Amount of Each Disbursement this Period 594.81		
City Covina	State CA	Zip Code 91723	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Catering for Fundraiser Event		Category/ Type 003	Transaction ID : PDTB2EXPB199		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1671.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

A. Print Logistics

Full Name (Last, First, Middle Initial)
Mailing Address 1818 L Street Ste. 713

City Sacramento State CA Zip Code 95811

Purpose of Disbursement Printing campaign material
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2016

Amount of Each Disbursement this Period: 10326.91

Memo Item

Transaction ID : EXPB197

B. Vladimir Aguilar

Full Name (Last, First, Middle Initial)
Mailing Address 1200 North Placentia Ave. Apt 4

City Anaheim State CA Zip Code 92806

Purpose of Disbursement Phone Banking Services
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2016

Amount of Each Disbursement this Period: 222.00

Memo Item

Transaction ID : EXPB212

c. Cogs South

Full Name (Last, First, Middle Initial)
Mailing Address 3309 S. Main Street

City Santa Ana State CA Zip Code 92707

Purpose of Disbursement Yard Signs on Wires
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2016

Amount of Each Disbursement this Period: 5013.90

Memo Item

Transaction ID : EXPB201

SUBTOTAL of Disbursements This Page (optional) 15562.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Rebecca Collins			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 211 North Viceroy Ave.			Amount of Each Disbursement this Period 360.00		
City Azusa	State CA	Zip Code 91702	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB213		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Stephanie Collins			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 211 North Viceroy Ave.			Amount of Each Disbursement this Period 468.00		
City Azusa	State CA	Zip Code 91702	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB214		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. Tremon Everett			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 19009 Laurel Park Rd. Space 331			Amount of Each Disbursement this Period 90.00		
City Rancho Dominguez	State CA	Zip Code 90220	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB211		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	918.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Laura M. Herrera		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 3123 Walnut Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Huntington Park	State CA	
Zip Code 90255	Purpose of Disbursement Campaign Management Services	Transaction ID : EXPB208
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Yueqiu Hu		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 3663 Maine Ave.		Amount of Each Disbursement this Period 72.00 <input type="checkbox"/> Memo Item
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Salary	Transaction ID : EXPB215
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Impact Placements		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 3313 S. Main Street #526		Amount of Each Disbursement this Period 2950.00 <input type="checkbox"/> Memo Item
City Santa Ana	State CA	
Zip Code 92707	Purpose of Disbursement Street Signs	Transaction ID : EXPB247
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5022.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Yazhen Jin		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 4431 Stewart Ave.		Amount of Each Disbursement this Period 354.00
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 005	Transaction ID : EXPB216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jin Feng Liu		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 4459 Baldwin Park Blvd.		Amount of Each Disbursement this Period 432.00
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 005	Transaction ID : EXPB217
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mitchell G. Loera		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address 161 North Viceroy Ave.		Amount of Each Disbursement this Period 1000.00
City Azusa	State CA	
Zip Code 91702	Purpose of Disbursement Campaign Management Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : EXPB209
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1786.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Sandra Loera			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 503 North San Gabriel Ave.			Amount of Each Disbursement this Period 372.00		
City Azusa	State CA	Zip Code 91702	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB219		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Angelica Lopez			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 1427 Farlington Street			Amount of Each Disbursement this Period 414.00		
City West Covina	State CA	Zip Code 91790	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB210		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Rosalinda Sally Ong			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016		
Mailing Address 3917 North Paddy Lane			Amount of Each Disbursement this Period 108.00		
City Baldwin Park	State CA	Zip Code 91706	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Phone Banking Services		Category/ Type 005	Transaction ID : EXPB220		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	894.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Jose David Rivera			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 15913 Cadwell Street			Amount of Each Disbursement this Period 360.00	
City La Puente	State CA	Zip Code 91744	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Banking Services		Category/ Type 005		
Candidate Name			Transaction ID : EXPB221	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Hoa Trieu			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 709 South Valinda Ave.			Amount of Each Disbursement this Period 474.00	
City West Covina	State CA	Zip Code 91790	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Banking Services		Category/ Type 005		
Candidate Name			Transaction ID : EXPB218	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Michael Wong			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 2071 S. Atlantic Blvd. #H			Amount of Each Disbursement this Period 137.42	
City Monterey Park	State CA	Zip Code 91754	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Office Expenses		Category/ Type 001		
Candidate Name			Transaction ID : EXPB206	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	971.42
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Michael Wong			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 2071 S. Atlantic Blvd. #H			Amount of Each Disbursement this Period 750.00	
City Monterey Park	State CA	Zip Code 91754	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Space Office Rent		Category/Type 001	Transaction ID : EXPB207	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. California Bank & Trust			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 550 S. Hope St.			Amount of Each Disbursement this Period 30.00	
City Los Angeles	State CA	Zip Code 90071	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Wire Fee		Category/Type 001	Transaction ID : EXPB263	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Laura M. Herrera			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016	
Mailing Address 3123 Walnut Street			Amount of Each Disbursement this Period 186.76	
City Huntington Park	State CA	Zip Code 90255	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Memorial Day, BBQ Campaign Volunteer Event		Category/Type 007	Transaction ID : EXPB223	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	966.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Gould & Orellana, LLC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 249 E. Ocean Blvd. Ste. 685		Amount of Each Disbursement this Period 2000.00
City Long Beach State CA Zip Code 90802	Purpose of Disbursement PAC Management/Political Reporting Services 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB224
State: District:		

Full Name (Last, First, Middle Initial) B. Gould & Orellana, LLC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 249 E. Ocean Blvd. Ste. 685		Amount of Each Disbursement this Period 218.05
City Long Beach State CA Zip Code 90802	Purpose of Disbursement Office Expenses 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB246
State: District:		

Full Name (Last, First, Middle Initial) c. Vladimir Aguilar		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 1200 North Placentia Ave. Apt 4		Amount of Each Disbursement this Period 96.00
City Anaheim State CA Zip Code 92806	Purpose of Disbursement Phone Banking Services 005 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB254
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2314.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Rebecca Collins		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 211 North Viceroy Ave.		Amount of Each Disbursement this Period 144.00
City Azusa	State CA	
Zip Code 91702	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 005	Transaction ID : EXPB255
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stephanie Collins		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 211 North Viceroy Ave.		Amount of Each Disbursement this Period 180.00
City Azusa	State CA	
Zip Code 91702	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 005	Transaction ID : EXPB256
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Laura M. Herrera		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 3123 Walnut Street		Amount of Each Disbursement this Period 19.59
City Huntington Park	State CA	
Zip Code 90255	Purpose of Disbursement Office Expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : EXPB250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	343.59
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Laura M. Herrera		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 3123 Walnut Street		Amount of Each Disbursement this Period 2000.00
City Huntington Park	State CA	
Zip Code 90255	Purpose of Disbursement Campaign Management Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : EXPB251
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Yazhen Jin		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 4431 Stewart Ave.		Amount of Each Disbursement this Period 108.00
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 005	Transaction ID : EXPB258
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jin Feng Liu		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 4459 Baldwin Park Blvd.		Amount of Each Disbursement this Period 144.00
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Phone Banking Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 005	Transaction ID : EXPB259
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2252.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Mitchell G. Loera			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 161 North Viceroy Ave.			Amount of Each Disbursement this Period 500.00	
City Azusa	State CA	Zip Code 91702	<input type="checkbox"/> Memo Item	
Purpose of Disbursement campaign Management Services		Candidate Name	Transaction ID : EXPB252	
Category/Type 001				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Sandra Loera			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 503 North San Gabriel Ave.			Amount of Each Disbursement this Period 168.00	
City Azusa	State CA	Zip Code 91702	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Phone Banking Services		Candidate Name	Transaction ID : EXPB257	
Category/Type 005				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Angelica Lopez			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 1427 Farlington Street			Amount of Each Disbursement this Period 144.00	
City West Covina	State CA	Zip Code 91790	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Phone Banking Services		Candidate Name	Transaction ID : EXPB253	
Category/Type 005				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	812.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Rosalinda Sally Ong			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 3917 North Paddy Lane			Amount of Each Disbursement this Period 144.00	
City Baldwin Park	State CA	Zip Code 91706	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Banking Services		Category/ Type 005		
Candidate Name			Transaction ID : EXPB261	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Jose David Rivera			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 15913 Cadwell Street			Amount of Each Disbursement this Period 108.00	
City La Puente	State CA	Zip Code 91744	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Banking Services		Category/ Type 005		
Candidate Name			Transaction ID : EXPB262	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Hoa Trieu			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 709 South Valinda Ave.			Amount of Each Disbursement this Period 144.00	
City West Covina	State CA	Zip Code 91790	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Phone Banking Services		Category/ Type 005		
Candidate Name			Transaction ID : EXPB260	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	396.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. California Bank & Trust			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 550 S. Hope St.			Amount of Each Disbursement this Period 3698.16
City Los Angeles	State CA	Zip Code 90071	
Purpose of Disbursement Credit Card Payment		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			Transaction ID : EXPB268
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Albertsons			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 2630 E Workman Ave.			Amount of Each Disbursement this Period 210.72
City West Covina	State CA	Zip Code 91791	
Purpose of Disbursement Memorial Day BBQ Food & Supplies		Category/ Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : EDTB6EXPB268
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. 888 Seafood Restaurant			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 8450 E Valley Blvd. #121			Amount of Each Disbursement this Period 2940.00
City Rosemead	State CA	Zip Code 91770	
Purpose of Disbursement Fundraiser Catering		Category/ Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name			Transaction ID : EDTB7EXPB268
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3698.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Mercado La Cachanilla			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016		
Mailing Address 345 N Azusa Ave.			Amount of Each Disbursement this Period 218.90		
City Azusa	State CA	Zip Code 91702	<input checked="" type="checkbox"/> Memo Item Transaction ID : EDTB8EXPB268		
Purpose of Disbursement Election Night Party Food Costs		Category/ Type 007			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement MM / DD / YYYY		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	37608.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

Full Name (Last, First, Middle Initial) A. Roger Hernandez Jr.		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 301 S. Glendora Ave. Unit 2504		Amount of Each Disbursement this Period 15000.00
City West Covina State CA Zip Code 91790	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : PAYB267
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	15000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Hernandez for Congress 2016** Transaction ID : **PAYC53**

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016
Roger Hernandez Primary
 Mailing Address 301 S. Glendora Ave. Unit 2504 General
 Other (specify) ▼

City State ZIP Code
 West Covina CA 91790

Original Amount of Loan 60200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60200.00
-------------------------------------	------------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^YY^YY^Y M^M / D^D / Y^YY^YY^Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC53

Personal Funds

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Hernandez for Congress 2016** Transaction ID : **PAYC55**

LOAN SOURCE Full Name (Last, First, Middle Initial) Roger Hernandez	<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 301 S. Glendora Ave. Unit 2504		

City	State	ZIP Code
West Covina	CA	91790

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19800.00	15000.00	4800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2015	M / D / Y . None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	4800.00
TOTALS This Period (last page in this line only).....	65000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC55

Personal Funds

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Bank & Trust	Nature of Debt (Purpose): Credit Card Charges
Mailing Address 550 S. Hope St.	
City State Zip Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 1671.55	Transaction ID : PAYD198	
Amount Incurred This Period 0.00	Payment This Period 1671.55	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cogs South	Nature of Debt (Purpose): Yard Signs on Wires
Mailing Address 3309 S. Main Street	
City State Zip Code Santa Ana CA 92707	

Outstanding Balance Beginning This Period 5013.90	Transaction ID : PAYD77	
Amount Incurred This Period 0.00	Payment This Period 5013.90	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company Merchant Account	Nature of Debt (Purpose): Credit Card Merchant Fee & Expenses
Mailing Address 249 E. Ocean Blvd., Ste. 685	
City State Zip Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD271	
Amount Incurred This Period 46.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.38

1) SUBTOTALS This Period This Page (optional)	46.38
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Hernandez for Congress 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gould & Orellana, LLC.	Nature of Debt (Purpose): PAC Management/Political Reporting Services
Mailing Address 249 E. Ocean Blvd. Ste. 685	
City State Zip Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : PAYD57	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Impact Placements	Nature of Debt (Purpose): Street Signs
Mailing Address 3313 S. Main Street #526	
City State Zip Code Santa Ana CA 92707	

Outstanding Balance Beginning This Period 2950.00	Transaction ID : PAYD78	
Amount Incurred This Period 0.00	Payment This Period 2950.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	3046.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	65000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	68046.38