

FEC
FORM 8
(Revised 01/2018)

DEBT SETTLEMENT PLAN

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example. If typing, type over the lines. 12FE4M5

PETER, HERNANDEZ, FOR CONGRESS

ADDRESS (number and street)

PO BOX 560

Check if different
than previously
reported. (ACC)

HOLLISTER

CITY ▲

CA

STATE ▲

95023

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ► C 0 0 7 9 9 1 7 1

3. ☒ **IMPORTANT**— By checking this box, the committee verifies that it qualifies as a "terminating committee" as that term is defined in 11 CFR 116.1(a), plans to terminate and does not intend to raise contributions or make expenditures except for the purpose of paying winding-down costs and retiring its debts. (Only a terminating committee may settle debts for less than the full amount owed. A committee that plans to continue raising contributions and making expenditures cannot file this form.)

PART I - COMMITTEE SUMMARY INFORMATION

4. Cash on Hand as of 04^M / 01 / 2025 IS , , 6.78

5. Total Assets to be Liquidated , , 0.00

6. Total (Add 4 and 5) , , 6.78

7. Year To Date Receipts , , 0.00

8. Year To Date Disbursements , , 1,406.55

9. Total Amount of Debts Owed by the Committee , , 2,500.00

10. Total Number of Creditors Owed , , 1

11. Number of Creditors in Part II of this Plan , , 1

12. Total Amount of Debts Owed to the Creditors in Part II of this Plan , , 2,500.00

13. Total Amount to be Paid to Creditors in Part II of this Plan , , 6.78

14. If this is an authorized committee, does the candidate have other authorized committees?
If yes, please list below and use DSP Supplemental Page for additional entries:

No ☒ Yes

Name of Committee ▲

FEC Identification Number ► C

Write or Type Name of Committee Filing this Plan

PETER HERNANDEZ FOR CONGRESS

FEC Identification Number ▶ C 0 0 7 9 9 1 7 1

PART I - COMMITTEE SUMMARY INFORMATION (continued)

15. Does the committee have sufficient funds to pay the total amount indicated in this Plan?
If no, please indicate what steps will be taken to obtain the funds: ▼

No

Yes ☒

16. After disposing of all the committee's debts and obligations, will there be any residual funds?
If yes, please indicate how the funds will be disbursed: ▼

No ☒Yes ☐

17. Has the committee been released from any debts included in this Debt Settlement Plan pursuant to a discharge under 11 USC Chapter 7 by a Bankruptcy Court? If so, please attach a copy of the order(s) and a list of debts so released.

No ☒Yes ☐

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

Type or Print Name of Treasurer STACI GOEDE

Signature of Treasurer

Staci Goede

Date

04-01-2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.

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Write or Type Name of Committee Filing this Plan

PETER HERNANDEZ FOR CONGRESS

FEC Identification Number ▶ C 0 0 7 9 9 1 7 1

PART II - CREDITOR SUMMARY INFORMATION
(FILL OUT FOR EACH CREDITOR IN PLAN)**A. FULL NAME AND MAILING ADDRESS OF CREDITOR**

SAGE ADVISORY GROUP

ADDRESS (number and street) 7816 ROSE GARDEN LANE

SPRINGFIELD

CITY ▲

VA

STATE ▲

22153

ZIP CODE ▲

B. DATE(S) INCURRED08^M / 01^D / 2024**C. AMOUNT OWED TO CREDITOR**

, 2,500.00

D. AMOUNT OFFERED IN SETTLEMENT

, 6.78

E. TYPE OF CREDITOR

Incorporated Commercial Vendor



Unincorporated Commercial Vendor

Candidate

Committee Employee

Other Individual

F. LIST EFFORTS MADE BY THE COMMITTEE TO PAY THE DEBT ▼COMMITTEE ATTEMPTED TO RAISE FUNDS TO PAY OFF DEBT AFTER
LOSING THE GENERAL ELECTION.

Write or Type Name of Committee Filing this Plan

PETER, HERNANDEZ, FOR CONGRESS

FEC Identification Number ▶ C00799171

PART II - CREDITOR SECTION
(TO BE FILLED OUT BY CREDITOR)**FULL NAME AND MAILING ADDRESS OF CREDITOR**

SAGE ADVISORY GROUP

ADDRESS (number and street) 7816 ROSE GARDEN LANE

SPRINGFIELD

CITY ▲

VA

STATE ▲

22153-

ZIP CODE ▲

- A. List terms of the initial extension of credit and nature of the debt. ▼

ORIGINAL TERMS WERE NET 30.

VENDOR PROVIDED COMPLIANCE AND BOOKKEEPING SERVICES TO THE COMMITTEE.

Were the terms under which credit was extended to the committee similar to those under which the creditor extended credit to non-political debtors of similar risk and obligation size?

No ☐ Yes ☒

Describe the terms of credit extension by the creditor to non-political debtors of similar risk and obligation size: ▼

TERMS ARE EXTENDED BEYOND DUE DATE.

- B. Did the creditor agree to provide the committee additional time to pay beyond the original due date(s)?

No ☐ Yes ☒

If yes, list the terms of any additional payment agreement(s): ▼

TERMS ARE EXTENDED BEYOND DUE DATE.

- C. If the creditor is a commercial vendor, does the creditor's usual and normal business involve providing the same type(s) of goods or services that it provided to the committee?

No ☐ Yes ☒

- D. List steps by the creditor to collect the debt: ▼

CREDITOR COMMUNICATED OUTSTANDING DEBT TO CAMPAIGN'S POINT OF CONTACT.

Write or Type Name of Committee Filing this Plan

PETER, HERNANDEZ, FOR CONGRESS

FEC Identification Number ▶ C 0 0 7 9 9 1 7 1

PART II - CREDITOR SECTION (continued)
(TO BE FILLED OUT BY CREDITOR)**FULL NAME AND MAILING ADDRESS OF CREDITOR**

SAGE ADVISORY GROUP

ADDRESS (number and street) 7816 ROSE GARDEN LANE

SPRINGFIELD

VA

22153

CITY ▲

STATE ▲

ZIP CODE ▲

E. If the creditor is a commercial vendor:1. Did the vendor follow its established procedures and past practices in approving the extension of credit? No ☐ Yes ☒2. Has the creditor previously extended credit to the committee? No ☒ Yes ☐If yes, did it receive prompt payment in full? No ☐ Yes ☐3. Did the creditor extend credit in conformity to the usual and normal practice in the creditor's trade or industry? No ☐ Yes ☒**F.** Was the effort made by the creditor to collect the debt similar to other debts collection efforts against non-political debtors in similar circumstances? If no, please explain ▼ No ☐ Yes ☒**G.** Are the terms of the debt settlement comparable to other settlements made by the creditor with other non-political debtors in similar circumstances? If no, please explain ▼ No ☐ Yes ☒

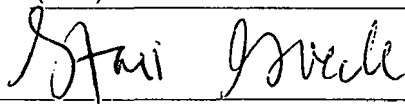
As the creditor or a representative of the creditor, I hereby accept the settlement offer made to me by the committee and upon payment agree to consider the debt satisfied (or attach a copy of the signed statement).

Type or Print Name of
Creditor or Representative STACI GOEDE, PRESIDENT

Title

Telephone Number (703) 371-5852

E-Mail Address STACI@SAGEADVISORYGROUP.CO

Signature of Creditor
or Representative

Date

04 / 01 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Plan to the penalties of 52 USC §30109.

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Federal Election Commission
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