				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
-	Statement covers period	Date of election if applicable:	RECEIVED	Page of
	from 07/01/22	(Month, Day, Year)	SEP 2 9 2022	For Official Use Only
	Irom		SEP I 9 LULL	
SEE INSTRUCTIONS ON REVERSE	through 09/24/22	11/08/22		
1. Type of Recipient Committee: All Committees - Con	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	and the second s	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	□ Spe	irterly Statement cial Odd-Year Report
3. Committee information	NUMBER Inding	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Steven Hernandez for Mayor 2022		Dulce Maria Lucero MAILING ADDRESS		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
		Coachella	CA 9223	36
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Coachella CA 92236 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	_	Steven A. Hernandez MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
Coachella CA 92236 OPTIONAL: FAX / E-MAIL ADDRESS		Coachella	CA 9223	36
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	:55	
4. Verification				
I have used all reasonable diligence in preparing and reviewing		nowledge the information contained	herein and in the attached so	chedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true			
Executed on 09/28/22	Ву			
09/28/22 Executed on	Bv			
Date	Signature of Contro	llir	Officer of Spon	sor
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	BySi	gnature of Controlling Officeholder, Candidate, S	State Measure Proponent	
		•		FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

	NIA 460
Page 2	of <u>8</u>

Officenoider or Can	didate Controlled Comm	ittee		6.	Primarily Formed Ballot	Measure (Committee	
NAME OF OFFICEHOLDER Steven A. Hernandez		and the second s			NAME OF BALLOT MEASURE			
Sieven A. Hernandez								
OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AND DISTR	RICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Mayor City of Coache	ella							OPPOSE
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STREET) C		CA 92236		Identify the controlling officel	holder, candid	date, or state measure pro	ponent, if any.
					NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT	
Related Committees	Not Included in this Sta	tement: List a	ny committees					
not included in this statem	ent that are controlled by you or enditures on behalf of your cand	are primarily forn			OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME		I.D. NUMBER						
				7.	Primarily Formed Cand	idate/Office	eholder Committee u	ist names of
NAME OF TREASURER		CONTROLLED			officeholder(s) or candidate(s)	for which this	committee is primarily form	ed.
		☐ YES	□ NO					
	OTDEET ADDDESS (NO DO	2010			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	
CITY	STREET ADDRESS (NO P.O. STATE ZIP C		EA CODE/PHONE		NAME OF OFFICEHOLDER OR C		OFFICE SOUGHT OR HEL	SUPPORT
			EA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE Support OPPOSE
CITY		CODE ARE	EA CODE/PHONE			CANDIDATE		SUPPORT SUPPORT OPPOSE OPPOSE
CITY		CODE ARE			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE NAME NAME OF TREASURER	STATE ZIP C	I.D. NUMBER CONTROLLED C			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME		I.D. NUMBER CONTROLLED C	COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE NAME NAME OF TREASURER	STATE ZIP C	I.D. NUMBER CONTROLLED C YES BOX)	COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from 07/01/22	CALIFORNIA 460
through	Page 3 of 8
3	I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Steven Hernandez for Mayor 2022 Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{16,300}{0} \\ \$ \frac{0}{0} \	**Example 16,300	Running in Both th General Elections 1/1 th 20. Contributions Received \$ 21. Expenditures	Page 3 of 8 I.D. NUMBER Pending mary for Candidates e State Primary and arough 6/30 7/1 to Date
5. TOTAL CONTRIBUTIONS RECEIVED	\$\frac{16,300}{5}\$\$ \$\frac{3,785.30}{0}\$\$ \$\frac{0}{0}\$\$ \$\frac{0}{0}\$	\$\frac{16,300}{\$}\$ \$\frac{3,785.30}{0}\$ \$\frac{0}{0}\$ \$\fr	Expenditure Limit S Candidates 22. Cumulati	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.	S SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

Schedule Monetary	e A y Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period		FORNIA 460
SEE INSTRUCT	IONS ON REVERSE			through 09/24/22		Page	4 of 8
NAME OF FILER Committee	to Elect Steven Hernandez for Mayor 2022					pendin	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/11/22	Brian Nestande for College of the Desert Board of Trustees Riverside, CA 92501	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$4500.00			
09/11/22	Edurado Garcia for Assembly 2022 Sacramento, CA 95815	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$2000.00			
09/13/22	Frederick W. Noble c/o Jennings, Steine & Co Los Angeles, CA 90025	☑IND □COM □OTH □PTY □SCC	Owner of WindTec	\$4900.00			
09/14/22	V. Manuel Perez for Supervisor 2022 Coachella, CA 92236	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$4900.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 16,300			
Amount in (Include) Amount in (Include)	e A Summary received this period – itemized monetary contributions all Schedule A subtotals.) received this period – unitemized monetary contribution		16	5,300	OTI	other) H – Other Y – Politica	ual sient Committee r than PTY or SCC) (e.g., business entity)
Total mo (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) TOTAL \$ ¹⁶	5,300		FPF	PC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	Amounts may be rounded to whole dollars.				tement covers period		SCHEDULE E FORNIA 460 DRM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Steven Hernandez for Mayor 2022				throug	nh 09/24/22	Page . I.D. NU Pend	MBER
CNS campaign consultants MTG m CTB contribution (explain nonmonetary)* OFC of CVC civic donations PET p FIL candidate filing/ballot fees PHO pl FND fundraising events POL p IND independent expenditure supporting/opposing others (explain)* POS p LEG legal defense PRO pi	nember com neetings and ffice expens etition circul hone banks olling and su ostage, deliv	munications I appearance es ating urvey resear very and me	es	RAD ra RFD ra SAL ca TEL to TRC ca TRS st TSF tr VOT vo	escribe the payment. Idio airtime and production Idio airtime and production Idio airtime and productions Idio airtime and productions Idio airtime and production Idio airtime and prod	luction cos d meals and meals s of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION	OF PAYMENT		AMOUNT PAID
United States Postal Service 1412 Sixth Street Coachella CA 92236		POS					\$26.95
Walmart 79295 US HWY 111 La Quinta CA 92253		OFC					\$108.16
Political Data Intellegence PO Box 59570 Norwalk CA 90652		LIT					\$2000
* Payments that are contributions or independent expenditures must also be summarize	zed on Sche	dule D.			SL	IBTOTAL	\$ 2,135.11
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subto 2. Unitemized payments made this period of under \$100						\$ _ \$ _	3,785.30
3. Total interest paid this period on loans. (Enter amount from Schedu4. Total payments made this period. (Add Lines 1, 2, and 3. Enter her	ule B, Par	t 1, Colun	nn (e).)			\$_	0
T. Total payments made this period. (Add Lines 1, 2, and 3. Lines net	ic and on	are Jurill	iary r age, coluir	iii A, Lille O.		FPPC	Form 460 (Jan/2016)) ca.gov (866/275-3772)

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Schedule E	
(Continuation Shee	et)
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDOLL L (CONT.)
Statement covers period	CALIFORNIA 160
07/01/22 from	FORM 400
through <u>09/24/22</u>	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Steven Hernandez for Mayor 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research IND

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) LEG legal defense

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRO professionals	services (ie	gai, accounting)	WEB information technology co	sts (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Walmart 83053 Avenue 48 Coachella CA 92236		OFC			\$12.32
Walmart 83053 Avenue 48 Coachella CA 92236		OFC			\$63.84
Mechanic's Bank 1491 South Sixth Street Coachella CA 92236		PRO			\$84.12
Secretary of State Political Reform Division 1500 11th Street Rm 495 Sacramento CA 95814		FIL			\$50.00
Costco 79797 HWY 111 La Quinta CA 92253		OFC			\$37.80

Payments that are contributions of	r independent expenditures mus	st also be summarized on Schedule D
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SUBTOTAL \$ 248.08

0011			100	
SCH	ΕDI	JLE E	(00)	NI.

Schedule E	
(Continuation	Sheet)
Payments Ma	ade

Amounts may be rounded to whole dollars.

	CONLEGEL E (CONT.)
Statement covers period 07/01/22	CALIFORNIA 460
from	Page 7 of 8
	I.D. NUMBER Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Steven Hernandez for Mayor 2022

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service 1412 Sixth Street Coachella CA 92236	POS		\$26.95
Postal Annex 83103 Avenue STE 1B Coachella CA 92236	POS		\$85.00
Office Max 79190 CA- 111N La Quinta CA 92253	LIT		\$647.06
City of Coachella 53990 Enterprise Way Coachella CA 92236	FIL	Reinbursement	\$625.00
Tower Market 5998 Harrison St Thermal CA 92274	OFC		\$9.05

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,393.06

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			from	07/01/22 ugh 09/24/22		ORNIA 460
NAME OF FILER Committee to Elect Steven Hernandez for Mayor 2022						Pending	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli PRO professional PRT print ads	nmunications d appearance ses lating urvey resear very and me	es ch ssenger services		radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, an staff/spouse travel, lodging, transfer between committees voter registration	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
Tower Market 5998 Harrison St Thermal CA 92274		OFC					\$9.05

Tower Market 5998 Harrison St Thermal CA 92274	OFC	\$9.05

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 9.05