

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
LOS ANGELES
497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only
CAMPAIGN FINANCE

NAME OF FILER Sara Hernandez for Community College Trustee 2022			Date of This Filing <u>10/03/2022</u>	Date Stamp
AREA CODE/PHONE NUMBER <u>(916) 285-5733</u>	I.D. NUMBER (if applicable) <u>1438882</u>		Report No. <u>287290-JM</u>	No. of Pages <u>1</u>
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95815</u>		

1. Contribution(s) Received

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
09/30/2022	APT Staff Guild Local 1521-A Cope Fund Los Angeles, CA 90068 Committee ID # 1241359	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/30/2022	Bricklayers and Allied Craftworkers Local No. 4 PAC La Verne, CA 91750 Committee ID # 1426482	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

P. 001
FAX No. 19163331344
OCT/03/2022/MON 01:57 PM Deane & Company