497 Contribution R	eport	Amou	nts may be rounded to w	hole dollars.	DECEMBER BY 4970	CONTRIBUTION REPORT
NAME OF FILER  Sara Hernandez for Community College Trustee 2022  AREA CODE/PHONE NUMBER  I.D. NUMBER (# applicable)  (916) 285-5733  1438882			Pote Clares Oll III			
CITY Sacramento	Stat Ca	E ZIP CODE 95815	Amendme to Report No. (explain below) No. of Pages		CAMPAIGN FRANCE	
1. Contribution(s) R	eceived	*				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	Sirardi g Hills Estate, CA 90274			IND COM OTH PTY SCC	Attorney Law Offices of John Girardi	1,000.00
				IND   COM   OTH   PTY   SCC		Check if Loan  % Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan  % Provide Interest rate
Reason for Amendment:					*Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi	ntity)

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov