

P. 001/001

FAX No.

OCT/23/2022/SUN 05:17 PM

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY ANGELES COUNTY
 497 CONTRIBUTION REPORT
 Date Stamp
 2022 OCT 24 AM 9
 CAMPAIGN FINANCE
 CALIFORNIA FORM 497
 For Official Use Only

NAME OF FILER Sara Hernandez for Community College Trustee 2022			Date of This Filing 10/24/2022
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1438882		Report No. 775877-BG
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Sacramento	STATE CA	ZIP CODE 95815	
			No. of Pages 1

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
10/21/2022	United Nurses Association of California/Union of Health Care Professionals PAC (UNAC PAC) Small Contributor Committee Long Beach, CA 90802 Committee ID # 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,500.00 <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
		<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: _____