

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Peter Hernandez For Congress																																		
ADDRESS (number and street) 2 Civic Center Drive #4338																																		
CITY San Rafael		STATE CA		ZIP CODE 94913-5703																														
2. NAME OF CANDIDATE Hernandez, Peter, , ,			3. OFFICE SOUGHT (State and District) House CA 18																															
4. FEC IDENTIFICATION NUMBER C00799171																																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Martin, Irene, , , MAILING ADDRESS P.O. Box 1273 CITY Soquel STATE CA ZIP CODE 95073 </td> <td> Name of Employer DBA: Irene Martin Transaction ID : F65-1789 Occupation Property Manager </td> <td> Date (month, day, year) 10/28/2022 </td> <td> Amount 1600.00 </td> </tr> <tr> <td colspan="3"> B. FULL NAME Martin, Lawrence, , , MAILING ADDRESS P.O. Box 1273 CITY Soquel STATE CA ZIP CODE 95073 </td> <td> Name of Employer PMA service Transaction ID : F65-1779 Occupation Executive </td> <td> Date (month, day, year) 10/28/2022 </td> <td> Amount 2400.00 </td> </tr> <tr> <td colspan="3"> C. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE </td> <td> Name of Employer Occupation </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> D. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE </td> <td> Name of Employer Occupation </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> E. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE </td> <td> Name of Employer Occupation </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> </table>					A. FULL NAME Martin, Irene, , , MAILING ADDRESS P.O. Box 1273 CITY Soquel STATE CA ZIP CODE 95073			Name of Employer DBA: Irene Martin Transaction ID : F65-1789 Occupation Property Manager	Date (month, day, year) 10/28/2022	Amount 1600.00	B. FULL NAME Martin, Lawrence, , , MAILING ADDRESS P.O. Box 1273 CITY Soquel STATE CA ZIP CODE 95073			Name of Employer PMA service Transaction ID : F65-1779 Occupation Executive	Date (month, day, year) 10/28/2022	Amount 2400.00	C. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE 			Name of Employer Occupation 	Date (month, day, year) 	Amount 	D. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE 			Name of Employer Occupation 	Date (month, day, year) 	Amount 	E. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE 			Name of Employer Occupation 	Date (month, day, year) 	Amount
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SIGNATURE (optional) Montgomery, Thomas, , , [Electronically Filed]				DATE 10/28/2022																														
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																		

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FEC FORM 6
(Revised 03/2016)