

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 Hernandez, Karina, , , </td> <td> Name of Employer Ohana Shave Ice </td> <td> Date (month, day, year) 10/25/2022 </td> <td> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 951 Peridot Ct </td> <td> Transaction ID : F65-1694 </td> <td></td> <td></td> </tr> <tr> <td> CITY Hollister </td> <td> STATE CA </td> <td> ZIP CODE 95023 </td> <td> Occupation Restaurant Owner </td> <td></td> <td></td> </tr> </table>					A. FULL NAME Hernandez, Karina, , ,			Name of Employer Ohana Shave Ice	Date (month, day, year) 10/25/2022	Amount 1000.00	MAILING ADDRESS 951 Peridot Ct			Transaction ID : F65-1694			CITY Hollister	STATE CA	ZIP CODE 95023	Occupation Restaurant Owner		
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SIGNATURE (optional) Montgomery, Thomas, , , [Electronically Filed]				DATE 10/25/2022	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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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)