

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Hacker for District Attorney 2022		Date of This Filing 03/18/2022 10:55	Date Stamp RECEIVED MAR 18 2022	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 559-408-8383	LD. NUMBER (if applicable) 1445473	Report No. 35		KINGS COUNTY ELECTIONS
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fresno, CA	STATE CA	ZIP CODE 93704	No. of Pages 2	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
2022-03-17	Tal Cloud [REDACTED] Sanger, CA 93657	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner River Right	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2022-03-17	Jacob Hower [REDACTED] Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Appraiser Simon & Hower, Inc	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate

Reason for Amendment: _____

* 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

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NAME OF FILER Hacker for District Attorney 2022		Date of This Filing 03/18/2022 10:55	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER 559-408-8383	I.D. NUMBER (if applicable) 1445473	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fresno, CA STATE CA ZIP CODE 93704		No. of Pages 2		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____