

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Hacker for District Attorney 2022		<b>Date of This Filing</b> 05/11/2022 02:49	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">                     CALIFORNIA FORM 497                 </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 559-408-8383	<b>I.D. NUMBER (if applicable)</b> 1445473	<b>Report No.</b> 210		
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY STATE ZIP CODE</b> Fresno, CA 93704		<b>No. of Pages</b> 2		

## 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
2022-05-04	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	500.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate
2022-05-10	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	500.00 <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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<b>AREA CODE/PHONE NUMBER</b> 559-408-8383	<b>I.D. NUMBER (if applicable)</b> 1445473	<b>Report No.</b> _____		
<b>STREET ADDRESS</b> _____		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____ Fresno, CA 93704		<b>No. of Pages</b> 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: \_\_\_\_\_