

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Alma Hernandez for Suisun City Mayor 2022

**AREA CODE/PHONE NUMBER** [REDACTED] **I.D. NUMBER (if applicable)** 1446330

**STREET ADDRESS**  
[REDACTED]

**CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED]

**Date of This Filing** 09/13/2022

**Report No.** 775451 CE

**Amendment to Report No.** (explain below)

**No. of Pages** 1

**Date Stamp**

**CALIFORNIA FORM 497**  
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**RECEIVED**  
SEP 13 2022

CITY OF SUISUN CITY

## 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
09/12/2022	Patricia Matteson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,500.00 <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

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