497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Kimberly Miranda for Coachella City Council 2024	Date of This Filing 10/09/2024
	Report No. 4
AREA CODE/PHONE NUMBER ▮▮▮▮	I.D. NUMBER *(if applicable)* 1472419
STREET ADDRESS ▮▮▮▮	☐ Amendment to Report No. _____ *(explain below)*
CITY Coachella STATE CA ZIP CODE 92236	No. of Pages 1

Date Stamp

RECEIVED
OCT 10, 2024

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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
10/09/2024	Eduardo Garcia for Assembly 2024 ▮▮▮▮▮▮▮	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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