497 Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Stephanie Virgen	Council 2022	Date of This Filing _	09/30/22	Date Stamp RECEIVED	FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1452043				
STREET ADDRESS			☐ Amendme to Report No		SEP 3 0 2022	
CITY	STATE ZIP CODE		(explain below)	1		
Coachella		CA 92236	No. of Pages	,		
1. Contributio	n(s) Received					
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED	
09/30/22	Castulo Estrada ID# 1442565 Coachella, CA 9		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,500.00 Check if Loan Provide interest rate	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amendm	nent:				**Contributor Codes IND — Individual COM — Recipient Come OTH — Other (e.g., bus PTY — Political Party SCC — Small Contribut	