

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Josie Gonzalez for Coachella City Council 2022			Date of This Filing <u>10/26/2022</u>	Date Stamp  <b>RECEIVED</b>  OCT 26 2022	<b>CALIFORNIA FORM 497</b>  For Official Use Only  <i>Contributions Made #1</i>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1453232		Report No. <u>12</u>		
STREET ADDRESS 83708 Shadowrock Dr			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Coachella	STATE CA	ZIP CODE 92236	No. of Pages <u>1</u>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/18/2022	Kimberly Barraza for Desert Health Care District Zone 6 2022 ID#1452967 [REDACTED]	Kimberly Barraza for Desert Health Care District Zone 6	\$1000.00	11/08/2022

Reason for Amendment: \_\_\_\_\_

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