

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>11/07/2022</u>	Date Stamp RECEIVED NOV - 7 2022	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1453232		Report No. <u>16</u>		
STREET ADDRESS 83708 Shadowrock Drive			<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)
11/06/2022	Kimberly Barraza for Desert Healthcare District Zone 6 2022 ID# 1452967 [REDACTED] Coachella, CA 92236	Kimberly Barraza Desert Healthcare District Zone 6	1000.00	11/08/2022

Reason for Amendment: _____
