

497 Contribution Report

Amounts may be rounded to whole dollars

**CITY OF BELL GARDENS
CITY CLERK'S OFFICE**

497 CONTRIBUTION REPORT

NAME OF FILER Alejandra Cortez City Council 2022			Date of This Filing 09/20/2022 Report No. 092022-1	Date Stamp 2022 SEP 20 PM 2:58 7100 GARFIELD AVE BELL GARDENS, CA 90201	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1453051		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STREET ADDRESS 12501 Imperial Hwy, Suite 200			No. of Pages 1		
CITY Norwalk	STATE CA	ZIP CODE 90650			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/20/2022	Fenix Entrepreneur Inc. [REDACTED] Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/20/2022	Fiesta Taxi Co-Op, Inc. [REDACTED] Gardena, CA 90249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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

***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

Reason for Amendment: _____