

# 497 Contribution Report

Amounts may be rounded to whole dollars

CITY OF BELL GARDENS  
CITY CLERK'S OFFICE

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Jose Cruz for Bell Gardens City Council 2022		<b>Date of This Filing</b> 10/10/2022 <i>2022 OCT 10 PM 6:56</i>	<b>Date Stamp</b> <i>7100 GARFIELD AVE BELL GARDENS, CA 90201</i>	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER (562)983-0815	I.D. NUMBER (if applicable) 1451493	<b>Report No.</b> 10-10-JC		For Official Use Only
<b>STREET ADDRESS</b> 249 E. Ocean Blvd., #670		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Long Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 90802	<b>No. of Pages</b> 1	

## 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
10/09/2022	Kristin Ronnenberg Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney self	2,000.00  <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
		<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

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