

497 Contribution Report

Amounts may be rounded to whole dollars.



NAME OF FILER ERNESTO GUTIERREZ FOR CITY COUNCIL		Date of This Filing 09/19/18
AREA CODE/PHONE NUMBER 760-275-8348	I.D. NUMBER (if applicable) 1406228	Report No. _____
STREET ADDRESS 31520 AVENIDA EL PUEBLO		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY CATHEDRAL CITY	STATE CA	ZIP CODE 92234
		No. of Pages 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
09/19/18	CATHEDRAL CITY POLICE OFFICERS ASSOCIATION PAC 1415 L STREET STE 410 SACRAMENTO, CA. 95814-3963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000 <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

****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: _____