CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION

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04-01-2015 RCVD

Please type or print in ink.

2015 APR 15 PM 3:

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SANCHEZ,	BEATRIZ	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF COACHELLA

Division, Board, Department, District, if applicable

Your Position
COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office ***(Check at least one box)***

☐ State
☐ Multi-County _____
☑ City of CITY OF COACHELLA
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

3. Type of Statement ***(Check at least one box)***

☒ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ___/___/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____
(Check one)
○ The period covered is January 1, 2014, through the date of leaving office.
○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary
Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 1

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☑ **None** - *No reportable interests on any schedule*

5. Verification

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 4-1-15
(month, day, year)