

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Christy Holstegge for Palm Springs City Council 2017		
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1395520	
<b>STREET ADDRESS</b> 225 South Civic Drive Suite 213		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Palm Springs, CA	CA	92262

**Date of This Filing** 09/06/2017  
**Report No.** 31  
 **Amendment to Report No.** (explain below)  
**No. of Pages** 1

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 [Signature]

**CALIFORNIA FORM 497**  
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## 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
2017-09-06	Palm Springs Fire Safety Assoc. PAC 225 El Cielo Road #281 Palm Springs, CA 92262 ID: 881536	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00  <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