

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Christy Holstege for Palm Springs City Council 2017		Date of This Filing 09/18/2017	RECEIVED CITY OF PALM SPRINGS OFFICE OF THE CITY CLERK	CALIFORNIA FORM 497 For Official Use Only <i>[Signature]</i>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1395520	Report No. 33	2017 SEP 18 PM 1:58	
STREET ADDRESS 225 South Civic Drive Suite 213		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Palm Springs, CA 92262	STATE	ZIP CODE	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
2017-09-18	Desert Stonewall Democrats PO Box 4536 Palm Springs, CA 92263 ID: 1220539 <i>FPPC # 1395520</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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