

497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

[Handwritten Signature]

NAME OF FILER
Christy Holstege for Palm Springs City Council 2017

AREA CODE/PHONE NUMBER **I.D. NUMBER (if applicable)**
 1395520

STREET ADDRESS
225 South Civic Drive Suite 213

CITY **STATE** **ZIP CODE**
Palm Springs, CA 92262

Date of This Filing *RECEIVED* Date Stamp
09/19/2017 CITY OF PALM SPRINGS

Report No. 34 2017 SEP 19 AM 10:53

Amendment to Report No. OFFICE OF THE CITY CLERK
(explain below)

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	Harold Matzner ██████████ Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Spencer's	5,000.00 <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