

# 497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

**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** 10/07/2017

**Report No.** 47

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

CITY OF PALM SPRINGS  
OFFICE OF THE CITY CLERK

Stamp: 2017 OCT -9 AM 10:46  
KOH

**CALIFORNIA FORM 497**

For Official Use Only

## 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
2017-10-06	Michael Flannery ██ 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	President Acme House Company	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