

497 Contribution Report

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

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 10/10/2017

Report No. 48

Amendment to Report No.
(explain below)

No. of Pages 1

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497 CONTRIBUTION REPORT

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
2017-10-10	Riverside County Democratic Central Committee 5429 Madison Avenue Sacramento, CA 95841 ID: 1342861	<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