

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

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 10/22/2017

Report No. 55 **2817 OCT 23 AM 10:55**

Amendment to Report No. _____
(explain below)

No. of Pages 1

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CITY OF PALM SPRINGS
OFFICE OF THE CITY CLERK

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
2017-10-19	Ann Sheffer ██████████ Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2017-10-21	Aftab Dada ██████████ 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	Hotel Manager Hilton Palm Springs	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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