

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 [REDACTED]		
CITY	STATE	ZIP CODE
Palm Springs, CA		92262

Date of This Filing 10/28/2017

Report No. 63

Amendment to Report No. _____
(explain below)

No. of Pages 8

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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
2017-10-27	Planned Parenthood Action Fund of the Pacific Southwest Pac 1075 Camino del Rio South San Diego, CA 92108 ID: 1280724	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		770.00 <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