

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER
Christy Holstge 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 11/01/2017

Report No. 64

Amendment to Report No. _____
(explain below)

No. of Pages 1

RECEIVED
CITY OF PALM SPRINGS
2017 NOV -1 PM 1:56
OFFICE OF THE CITY CLERK

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
2017-11-01	District Council of Ironworkers, Political Action League 1660 San Pablo Avenue Pinole, CA 94564 ID: 831693	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input 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