497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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CITY OF PALM SPRINGS
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NAME OF FILER			Date of This Filing 8/28/2015
Geoff Kors for City Council 2015			
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (If applicable) 1376802		Report No. 082815-1
STREET ADDRESS [redacted]			☐ Amendment to Report No.
CITY Palm Springs	STATE CA	ZIP CODE 92262	No. of Pages 1

1. Contributions 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
08/28/2015	Linda Usher [redacted] Chicago, IL 60661	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive O2COOL	$1,000.00 ☐ Check if Loan [redacted] % 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