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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NAME OF FILER		Date of This Filing 9/17/2015	Date Stamp
Geoff Kors for City Council 2015			RECEIVED CITY OF PALM SPRINGS 2015 SEP 17 PM 2:58 JAMES THOMPSON CITY CLERK
AREA CODE/PHONE NUMBER: [redacted]	I.D. NUMBER (if applicable): 1376802	Report No. 150917497hm	
STREET ADDRESS: [redacted]		☐ Amendment to Report No. _____ (explain below)	
CITY: Palm Springs	STATE: CA / ZIP CODE: 92262	No. of Pages 1	

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
9/16/2015	Harold Matzner [redacted] Palm Springs CA 92262	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$10,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**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

Reason for Amendment: _____