497 Contribution Report

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

RECEIVED
CITY OF PALM SPRINGS
2015 OCT 15 AM 11:58
JAMES THOMPSON
CITY CLERK

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER Geoff Kors for City Council 2015	Date of This Filing 10/15/2015
AREA CODE/PHONE NUMBER (760) 537-0061 / **I.D. NUMBER (If applicable)** 1376802	Report No. 151014 form 497 autry
STREET ADDRESS 1455 N Vine Ave	☐ 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
10/07/2015	Jacqueline (Jackie) Autry [redacted] Palm Springs, CA 92262	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Investor Self	$2,500.00 ☐ Check if Loan % Provide interest rate
10/14/2015	Jacqueline (Jackie) Autry [redacted] Palm Springs, CA 92262	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Investor Self	$2,500.00 ☐ 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