497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

RECEIVED CITY OF PALM SPRINGS 2015 OCT 26 AM 10:32 JAMES THOMPSON CITY CLERK

Date Stamp

NAME OF FILER	Geoff Kors for City Council 2015
AREA CODE/PHONE NUMBER	[redacted]
I.D. NUMBER (if applicable)	1376802
STREET ADDRESS	[redacted]
CITY	Palm Springs
STATE	CA
ZIP CODE	92262
Date of This Filing	10/26/2015
Report No.	151023 form 497 honor
☐ **Amendment to Report No.**	
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
10/23/2015	Honor PAC 1427 Lincoln Blvd Ste E Santa Monica, CA 90401-2771 ID: 1278587	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00 ☐ Check if Loan % Provide interest rate

PREVIEW

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