

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED *Jeagad*
CITY OF PALM SPRINGS

NAME OF FILER Lisa Middleton for Palm Springs City Council 2017		Date of This Filing 9/20/2017	Date Stamp 2017 SEP 26 AM 10: OFFICE OF THE CITY CLERK <i>[Signature]</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1394265	Report No. Form 497 9/20/2017		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Palm Springs	STATE CA	ZIP CODE 92264	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
01/31/2017	Ann Sheffer [REDACTED] Westport, CT 06880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/16/2017	Ann Sheffer [REDACTED] Westport, CT 06880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/17/2017	Ann Sheffer [REDACTED] Westport, CT 06880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$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