

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF PALM SPRINGS
JMS

NAME OF FILER Lisa Middleton for Palm Springs City Council 2017		Date of This Filing 10/4/2017	Date Stamp 2017 OCT -5 AM 10:53	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1394265	Report No. Form 497 171004	OFFICE OF THE CITY CLERK <i>[Signature]</i>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1	
CITY Palm Springs	STATE CA	ZIP CODE 92262		

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
10/2/2017	PALM SPRINGS FIRE SAFETY 44719 JOHNSTON DRIVE TEMECULA, CA 92592			\$2,000

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