

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Palm Springs Fire Safety Association PAC			Date of This Filing <u>10/9/17</u>	RECEIVED CITY OF PALM SPRINGS Date Stamp 2017 OCT 10 AM 8:22 OFFICE OF THE CITY CLERK 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 881536		Report No. _____		
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Temecula	STATE CA	ZIP CODE 92592	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
9/27/17 pm 10/6/17	Lisa Middleton [REDACTED] Palm Springs CA 92263	Lisa Middleton Palm Springs City Council	\$2000	11/7/2017

Reason for Amendment: _____