497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM **497**

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NAME OF FILER
Palm Springs Fire Safety Association PAC

AREA CODE/PHONE NUMBER
[redacted]

I.D. NUMBER *(if applicable)*
881536

STREET ADDRESS
[redacted]

CITY
Temecula

STATE
CA

ZIP CODE
92592

Date of This Filing 10/9/17

Report No. _____

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/27/17	Christy Holstege [redacted] Palm Springs, CA 92262	Christy Holstege Palm Springs City Council	$2000	11/7/2017

Reason for Amendment: _____