

497 Contribution Report

Amounts may be rounded to whole dollars

RECEIVED
CITY OF PALM SPRINGS

2017 NOV 22 PM 2:39

Handwritten signature
Loggins

NAME OF FILER Palm Springs Fire Safety Association PAC		Date of This Filing _____	OFFICE OF THE CLERK Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. _____		
CITY Temecula	STATE CA	ZIP CODE 92592	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____

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)
11/16/17	Palm Springs Forward Yes on Measure D 2017 400 East Tahquitz Canyon Palm Springs, CA 92262	Yes on Measure D	\$2500	11/7/17

Reason for Amendment: _____