

497 Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <i>Palm Springs Police Officers' Association</i> I.D. NUMBER (if applicable) <i>95-1841</i> STREET ADDRESS P.O. Box [REDACTED] CITY STATE ZIP CODE <i>Palm Springs CA 92263</i>		Date of This Filing <i>11/02/11</i> Report No. <i>4</i> <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages <i>1</i>	RECEIVED CITY OF PALM SPRINGS NOV -2 AM 11:31 JAMES THOMPSON CITY CLERK 
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CALIFORNIA FORM 497
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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)
<i>11/02/11</i>	<i>The Battin Group 78710 Avenida Nuestra La Quinta, CA 92253</i>	<i>Lee Weigel / Palm Springs City Council</i>	<i>\$4208 -</i>	<i>11/08/11</i>

Reason for Amendment: _____