P 1/1

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM 497
We Love Palm Springs	4/4/2018	RECEIVED CITY OF PALM SPRINGS 2018 APR -4 PM 5:29 OFFICE OF THE CITY CLERK	For Official Use Only

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	
[redacted]	1401010	040418A	
STREET ADDRESS		☐ Amendment to Report No. (explain below)	
[redacted]			
CITY	**STATE** / **ZIP CODE**	No. of Pages	
Los Angeles	CA 90017	1	

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
04/03/2018	C. Harold Keasler [redacted] Manhattan Beach, CA 90266-3341	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Sea View Inn at The Beach, Inc.	$5,000.00 ☐ Check if Loan [redacted] % Provide interest rate

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

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