P 1/1
PCD 2134526575 >> 760-322-8332
2018-04-19 17:02

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER We Love Palm Springs - No on Measure C		Date of This Filing 4/19/2018	Date Stamp	CALIFORNIA FORM **497**
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1401010	Report No. 041918A		For Official Use Only
STREET ADDRESS [redacted]		☐ Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA / ZIP CODE 90017	No. of Pages 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
04/18/2018	Sebastian De Kleer [redacted] Palm Springs, CA 92262-4651	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner PS Holiday Rentals	$2,500.00 ☐ Check if Loan [redacted]% Provide interest rate
04/18/2018	Michael Sylvester [redacted] Venice, CA 90291-4034	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Flux Inc.	$500.00 ☐ Check if Loan [redacted]% Provide interest rate
04/18/2018	Michael Sylvester [redacted] Venice, CA 90291-4034	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Flux Inc.	$500.00 ☐ Check if Loan [redacted]% Provide interest rate

*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

Reason for Amendment: _____