

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER
We Love Palm Springs - No on Measure C

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1401010

STREET ADDRESS
[REDACTED]

CITY
Los Angeles

STATE
CA

ZIP CODE
90017

Date of This Filing 6/3/2018

Report No. 051118A

Amendment to Report No. (explain below) 1

No. of Pages 2

Date Stamp
2018 JUN -4 AM 8:22

OFFICE OF THE CITY CLERK

CALIFORNIA FORM 497

For Official Use Only

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
05/10/2018	Expedia, Inc. 5000 W Kearney St Springfield, MO 65803-9518	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200,000. <input type="checkbox"/> Check if Loan % Provide interest rate
04/02/2018	James Harris [REDACTED] Los Angeles, CA 90041-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician APMG, Inc.	\$400.00 <input type="checkbox"/> Check if Loan % Provide interest rate
05/05/2018	James Harris [REDACTED] Los Angeles, CA 90041-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician APMG, Inc.	\$250.00 <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: Contributions Amended.

*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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STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. (explain below) 1		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2		

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05/10/2018	James Harris Los Angeles, CA 90041-1826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician APMG, Inc.	\$500.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: Contributions Amended.

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