

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Vacation Palm Springs Real Estate, Inc.			Date of This Filing 5/14/2018 Date Stamp 2018 MAY 14 PM 4:04 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) N/A		Report No. 1	
STREET ADDRESS [REDACTED]			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Palm Springs	STATE CA	ZIP CODE 92262	No. of Pages 1	

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)
5/14/2018	We Love Palm Springs - No on Measure C, 611 South Palm Canyon Drive, Suite #7-299, Palm Springs, CA 92264, Committee ID #: 1401010	Measure C, City of Palm Springs, CA	\$50,000.00	06/05/18

Reason for Amendment: _____