

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Harold Matzner		Date of This Filing <u>08/16/19</u>	Date Stamp RECEIVED CITY OF PALM SPRINGS 2019 AUG 19 AM 8:37 OFFICE OF THE CITY CLERK CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1315207	Report No. <u>L-1</u>	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Palm Springs	STATE CA	ZIP CODE 92262	
		No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
8/16/19	Geoff Kors for Palm Springs City Council 2019 P O Box 1585 Palm Springs, CA 92263 ID# 1376802	Geoff Kors City Council City of Palm Springs	\$10,000.00	11/05/2019

Reason for Amendment: _____
