

497 Contribution Report

Amounts may be rounded to whole dollars. **RECEIVED CITY OF PALM SPRINGS**

497 CONTRIBUTION REPORT

NAME OF FILER Geoff Kors For City Council, District 3, 2019		Date of This Filing 10/05/2019 2019 OCT 07 PM 1:19 Report No. 186 OFFICE OF THE CITY CLERK <input checked="" type="checkbox"/> Amendment to Report No. 0 (explain below) No. of Pages 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1376802		
STREET ADDRESS [REDACTED]			
CITY Palm Springs, CA 92262	STATE CA	ZIP CODE 92262	

1. Contribution(s) 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
2019-10-04	David Lee [REDACTED] Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Director David Lee	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate

Reason for Amendment: Original report not filed so not an 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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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1376802	Report No. 186	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Palm Springs, CA	STATE CA	ZIP CODE 92262	No. of Pages 2

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)

Reason for Amendment: _____

FORM	REFERENCE	NOTES
CA 497	Cover	