

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Grace Garner For Palm Springs City Council District 1, 2019		Date of This Filing 10/15/2019	Date Stamp CITY OF PALM SPRINGS RECEIVED 2019 OCT 15 PM 4:15 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1415211	Report No. 397		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. 0 (explain below)		
CITY STATE ZIP CODE Palm Springs, CA 92262		No. of Pages 2		

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
2019-10-14	Palm Springs Modern Heritage Fund PO Box 4758 Palm Springs, CA 92263	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate

Reason for 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