

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Geoff Kors For City Council, District 3, 2019		<b>Date of This Filing</b> 10/09/2019	RECEIVED CITY OF PALM SPRINGS 2019 OCT -9 PM 6:10 OFFICE OF THE CITY CLERK	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1376802	<b>Report No.</b> 199		
<b>STREET ADDRESS</b> [REDACTED]		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 0 (explain below)		
<b>CITY</b> Palm Springs, CA 92262	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 3	

## 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
2019-10-09	D&E Land Co, LLC 2045 East Tahquitz Canyon Way Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,668.75 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2019-10-08	Palm Springs Professional Firefighters Local 3601 180 North Luring Drive Suite 100, Mailbox 5 Palm Springs, CA 92262 ID: 881536	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,384.83 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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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<b>AREA CODE/PHONE NUMBER</b> 7605370060	<b>I.D. NUMBER (if applicable)</b> 1376802	<b>Report No.</b> 199		
<b>STREET ADDRESS</b> 1455 North Vine Avenue		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 0 (explain below)		
<b>CITY</b> STATE ZIP CODE Palm Springs, CA 92262		<b>No. of Pages</b> 3		

## 1. Contribution(s) Received

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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide Interest Rate

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<b>CITY</b> Palm Springs, CA <b>STATE</b> CA <b>ZIP CODE</b> 92262		<b>No. of Pages</b> 3		

## 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: \_\_\_\_\_