

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF PALM SPRINGS 497 CONTRIBUTION REPORT

NAME OF FILER Thomas A. Kuhn			Date of This Filing 10/10/2019	Date Stamp 2019 OCT 14 PM 5:28	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)		Report No. 683444-KL	OFFICE OF THE CITY CLERK	
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)
08/12/2019	Peter Maietta for City Council 2019 (ID# 1415814) [REDACTED] Palm Springs, CA 92262	Peter Maietta City Council Member: City of Palm Springs District 2	9,000.00	11/05/2019
09/21/2019	Peter Maietta for City Council 2019 (ID# 1415814) [REDACTED] Palm Springs, CA 92262	Peter Maietta City Council Member: City of Palm Springs District 2	1,200.00	11/05/2019

Reason for Amendment: _____