

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Dennis Woods for Palm Springs City Council District 2, 2019		Date of This Filing <u>10/30/2019</u>	Date Stamp	CALIFORNIA FORM 497 RECEIVED OF PALM SPRINGS 2019 OCT 30 PH 4: 32 OFFICE OF THE CITY CLERK	For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1419200	Report No. <u>13</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>		

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
10/30/2019	Palm Springs Police Officers' Association PAC 1121 L Street Suite 200 Sacramento CA 95814 ID: 951841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		566.67 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/30/2019	Palm Springs Police Officers' Association PAC 1121 L Street Suite 200 Sacramento CA 95814 ID: 951841	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		719.35 <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

* 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

Reason for Amendment: _____