497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Mike McCulloch for City Council District 4 2020	Date of This Filing 9/14/2020	Date Stamp RECEIVED CITY OF PALM SPRINGS 2020 SEP 14 PM 4:56 OFFICE OF THE CITY CLERK	CALIFORNIA FORM **497**
AREA CODE/PHONE NUMBER [redacted] I.D. NUMBER (if applicable) 1428808	Report No. 497-05		For Official Use Only
STREET ADDRESS [redacted]	☐ Amendment to Report No. _____ (explain below)		
CITY Palm Springs STATE CA ZIP CODE 92262-6763	No. of Pages 1		

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
09/12/2020	Mrs. Gene Autry [redacted] Rancho Mirage, CA 92270	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	15,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____