

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Christy Holstege for Palm Springs City Council, District 4, 2020		Date of This Filing 09/11/2020	Date Stamp CALIFORNIA FORM 497 GS 2020 SEP 14 PM 5:17 OFFICE OF THE CITY CLERK
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1395520	Report No. 121	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Palm Springs, CA 92264	STATE	ZIP CODE	

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
2020-09-11	Frederick W. Noble [REDACTED] Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Wintec Energy	4,200.00 <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

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AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1395520	Report No. _____	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Palm Springs, CA 92264	STATE	ZIP CODE	No. of Pages 2

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: _____