

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY OF PALM SPRINGS
Date Stamp
2020 SEP 16 AM 9:21
OFFICE OF THE CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER
Christy Holstege for Palm Springs City Council, District 4, 2020

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1395520

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Palm Springs, CA 92264

Date of This Filing 09/16/2020

Report No. 123

Amendment to Report No. _____
(explain below)

No. of Pages 2

CALIFORNIA FORM 497

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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
2020-09-15	Michael Kofman [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Oasis Rentals Inc.	1,000.00 <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		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: _____