

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 09/23/2020 RECEIVED CITY OF PALM SPRINGS | Date Stamp 2020 SEP 23 AM 5:32 OFFICE OF THE CITY CLERK | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1395520 | Report No. 132 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 2 | | |
| STREET ADDRESS [REDACTED] | | | | |
| 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 |
|---------------|--|---|--|--|
| 2020-09-22 | Thomas Salinas [REDACTED] Long Beach, CA 90802 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hotelier Oranj Palm Vacation Rentals | 3,500.00 <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

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 09/22/2020 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| 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: _____