497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

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 10/03/2020

Report No. 140

☐ Amendment to Report No. _____ (explain below)

No. of Pages 2

Date Stamp
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CITY OF PALM SPRINGS
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OFFICE OF THE CITY CLERK

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
2020-10-03	Palm Springs Modern Heritage Fund [redacted] Palm Springs, CA 92263	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ 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		Date of This Filing 10/03/2020	Date Stamp	CALIFORNIA FORM 497
Christy Holstege for Palm Springs City Council, District 4, 2020				
AREA CODE/PHONE NUMBER [redacted]	I.D. NUMBER (if applicable) 1395520	Report No.		For Official Use Only
STREET ADDRESS [redacted]		☐ 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: