

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 10/12/2020 | RECEIVED CITY OF PALM SPRINGS 2020 OCT 12 PM 5:53 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. 149 | | |
| 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 |
|---------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 2020-10-12 | Lisa Middleton For Palm Springs City Council, District 5, 2020 [REDACTED] Palm Springs, CA 92263-5536 ID: 1394525 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,500.00 <input type="checkbox"/> Check if Loan _____ % Provide Interest Rate |
| 2020-10-12 | Geoffrey Kors [REDACTED] Palm Springs, CA 92262 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mayor City of Palm Springs | 2,500.00 <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

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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 10/12/2020

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2

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CITY OF PALM SPRINGS
Date Stamp
2020 OCT 12 PM 5:55
OFFICE OF THE CITY CLERK

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CALIFORNIA FORM 497

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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: _____