

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Lisa Middleton for Palm Springs City Council</i>		Date of This Filing _____	Date Stamp RECEIVED CITY OF PALM SPRING 2020 OCT 14 PM 1:30 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) <i>1394265</i>	Report No. _____		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Palm Springs CA</i>	STATE <i>CA</i>	ZIP CODE <i>92264</i>	No. of Pages _____	

1. Contribution(s) Received MADE :

DATE MADE 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
<i>10-12-2020</i>	<i>CHRISTY HOLSTEGE FOR PALM SPRINGS CITY COUNCIL, DISTRICT 4 2020</i> [REDACTED] <i>PALM SPRINGS CA 92264</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$2,500</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
	<i>FPC # 1395520</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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