

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1395520

Termination See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

03 / 31 / 2017

Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

RECEIVED
CITY OF PALM SPRINGS

2017 APR 25 PM 2:28

OFFICE OF THE CITY CLERK

Date Stamp	CALIFORNIA FORM 410
RECEIVED AND FILED in the office of the Secretary of State of the State of California	APR 07 2017
REGISTRAR OF VOTERS COUNTY OF RIVERSIDE	

1. Committee Information

NAME OF COMMITTEE

Christy Holstege for Palm Springs City Council 2017

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs

CA 92262

[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

[REDACTED] / info@christyholstege.com

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Palm Springs

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Adam Gilbert

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs

CA 92262

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Christy M. Holstege

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs

CA 92262

(760)327-1285

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/03/2017
DATE

By

[REDACTED SIGNATURE]

TREASURER

Executed on 04/03/2017
DATE

By

MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Christy Holstege for Palm Springs City Council 2017

I.D. NUMBER
1395520

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Pacific Premier Bank	AREA CODE/PHONE (760)969-4557	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 901 E. Tahquitz Canyon Way	CITY Palm Springs	STATE ZIP CODE CA 92262

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Christy M. Holstege	Palm Springs City Council Member	2017	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>