

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or  Date qualified as committee  
 Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_  
 2017-03-31  
 Date qualified as committee (If amending to provide this date)

Date Stamp *John*  
**CALIFORNIA FORM 410**  
 RECEIVED AND FILED  
 in the office of the Secretary of State of the State of California  
 AUG 03 2017  
 For Official Use Only  
 RECEIVED  
 CITY OF PALM SPRINGS  
 2017 AUG 28 AM 9:00  
 OFFICE OF THE CLERK

**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  
 MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED] Palm Springs, CA 92262  
 FAX / E-MAIL ADDRESS  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Riverside Palm Springs, CA

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Scott Gordon  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Palm Springs, CA 92262  
 NAME OF ASSISTANT TREASURER, IF ANY  
 STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 NAME OF PRINCIPAL OFFICER(S)  
 Adam Gilbert  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Palm Springs, CA 92262

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 07/30/2017 By Scott Gordon  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 07/30/2017 By Christy Holstege  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on 07/30/2017 By [REDACTED]  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on 07/30/2017 By Adam Gilbert  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED  
 CLERK OF SUPERIOR COURT  
 COUNTY OF RIVERSIDE  
 2017 AUG 17 AM 10:24

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

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 East Tahquitz Canyon Way	CITY Palm Springs, CA 92262	STATE ZIP CODE

**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
			<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	
Christy Holstege	City Council Member	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 3

COMMITTEE NAME

Christy Holstege for Palm Springs City Council 2017

I. D. NUMBER

1395520

## 4. Type of Committee (Continued)

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

### Small Contributor Committee

\_\_\_\_\_   
Date Qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.