1393406

Statement of Organization
Recipient Committee

Statement Type ☒ Initial ☐ Amendment ☐ Termination – See Part 5

Not yet qualified ☐

List I.D. number: #

List I.D. number: #

1/2/17 — Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 06 2017

CALIFORNIA FORM 410

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RECEIVED CITY OF PALM SPRINGS 2017 FEB -7 PM 5:40 OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE: Committee to Save Oswit Canyon

STREET ADDRESS (NO P.O. BOX):

CITY: Palm Springs STATE: CA ZIP CODE: 92264 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT): Palm Springs, CA 92264

FAX / E-MAIL ADDRESS:

COUNTY OF DOMICILE: Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE: Riverside county

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Jane Garrison

STREET ADDRESS (NO P.O. BOX):

CITY: Palm Springs STATE: CA ZIP CODE: 92264 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS (NO P.O. BOX):

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

NAME OF PRINCIPAL OFFICER(S): Jane Garrison

STREET ADDRESS (NO P.O. BOX):

CITY: Palm Springs STATE: CA ZIP CODE: 92264 AREA CODE/PHONE:

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 1/3/17 (DATE) By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED 2017 JAN 30 PM 12:20 REGISTRAR OF VOTERS COUNTY OF RIVERSIDE

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COMMITTEE NAME: Committee to Save Oswit Canyon

I.D. NUMBER:

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	760 699 6403	

ADDRESS	CITY	STATE	ZIP CODE
2465 E. Palm Canyon Dr. Palm Springs,	CA		92264

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
			☐ Nonpartisan
			☐ 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	CHECK ONE: OPPOSE
An initiative measure amending the City of Palm Springs zoning code, Canyon South specific plan, and general plan to designate Oswit Cone as an area subject to the environmentally sensitive area Regulations of the City.		☑	☐
		☐	☐

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COMMITTEE NAME: Committee to Save Oswit Canyon

I.D. NUMBER:

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 OR 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.