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Rejected: af 12/26/15
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Statement of Organization
Recipient Committee

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OFFICE OF PALM SPRINGS

Statement Type

Initial

Amendment

2015 MAY -4 AM 8:21

Termination- See Part 5

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of the State of California

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of the State of California
APR 16 2015

Not yet qualified or

List I.D. number:

List I.D. number:

#

J. WES TRUIN
CITY CLERK

3/13/2015

Date qualified as committee

Date qualified as committee

Date of Termination

(If applicable)

1. Committee Information

NAME OF COMMITTEE

Geoff Kors for City Council 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92262 ()

MAILING ADDRESS (IF DIFFERENT)

PO Box 1585 Palm Springs, CA 92263

FAX/E-MAIL ADDRESS

geoffkorsps@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Riverside

Riverside

NAME OF TREASURER

James Williamson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92262 ()

NAME OF ASSISTANT TREASURER, IF ANY

Steven Mele

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Washington DC 20003-4303 ()

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 MARCH 17, 2015

DATE

By _____

Executed on March 17, 2015

DATE

By _____

Executed on _____

DATE

By _____

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
Geoff Kors for City Council 2015

I.D. NUMBER
995721

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (760) 864-8584	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1801 E Palm Canyon Dr	CITY Palm Springs	STATE CA	ZIP CODE 92264

Type of Committee controlled by candidate or candidates

Controlled Committee

- List the name of each controlling office holder, 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 "non-partisan."
- 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
Geoff Kors	City Council Member	2015	<input checked="" type="checkbox"/> Non-Partisan

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"/>

**Statement of Organization
Recipient Committee**

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(If applicable)

RECEIVED
OF PALM SPRINGS
2015 MAR 23 PM 12:43
JAMES PHILLIPS
CITY CLERK

**CALIFORNIA
FORM 410**

For Official Use Only

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Geoff Kors for City Council 2015

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262

MAILING ADDRESS (IF DIFFERENT)

PO Box 1585 Palm Springs, CA 92263

FAX/E-MAIL ADDRESS

geoffkorsps@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Riverside

Riverside

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

James Williamson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262

NAME OF ASSISTANT TREASURER, IF ANY

Steven Mele

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Washington DC 20003-4303

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Executed on MARCH 17, 2015
DATE

By _____
ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER
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		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>