

COPY

Statement of Organization Recipient Committee

Statement Type

Initial, Not yet qualified, Date qualification threshold met

Amendment, Date qualification threshold met 02/14/2019

Termination - See Part 5, Date of termination

Date Stamp: 2019 FEB 19 AM 9:40

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number 1415211

NAME OF COMMITTEE: Grace Garner for Palm Springs City Council District 1, 2019. CITY: Palm Springs, STATE: CA, ZIP CODE: 92261. E-MAIL ADDRESS: scottgordon@mac.com. COUNTY OF DOMICILE: Riverside, JURISDICTION WHERE COMMITTEE IS ACTIVE: Palm Springs.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Scott Gordon. CITY: Palm Springs, STATE: CA, ZIP CODE: 92262. NAME OF ASSISTANT TREASURER, IF ANY: [Redacted]. NAME OF PRINCIPAL OFFICER(S): Grace Garner. CITY: Palm Springs, STATE: CA, ZIP CODE: 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 [DATE] By [SIGNATURE] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on [DATE] By [SIGNATURE] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

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COMMITTEE NAME
Grace Garner for Palm Springs City Council District 1, 2019

I.D. NUMBER
1415211

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

NAME OF FINANCIAL INSTITUTION Sun Community Federal Credit Union	AREA CODE/PHONE 760-337-4200	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1717 E Vista Chino, Suite J-10	CITY Palm Springs	STATE CA	ZIP CODE 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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Grace Garner	City Councilmember, District 1	2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Democratic
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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"/>

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COMMITTEE NAME
Grace Garner for Palm Springs City Council District 1, 2019

I.D. NUMBER
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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

AREA CODE/PHONE

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.