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1-4-17

Statement of Organization
Recipient Committee

Statement Type

☑ **Initial** — Not yet qualified ☐ or — 12 / 14 / 2016 — Date qualified as committee

☐ **Amendment** — List I.D. number: # ____ — ___/___/___ — Date qualified as committee (if applicable)

☐ **Termination – See Part 5** — List I.D. number: # ____ — ___/___/___ — Date of Termination

Date Stamp

CALIFORNIA FORM **410**

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2017 MAR -2 AM 9:58
OFFICE OF THE CITY CLERK

1. Committee Information

NAME OF COMMITTEE
Lisa Middleton For Palm Springs City Council 2017

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92264	[redacted]

MAILING ADDRESS (IF DIFFERENT)
PO Box 4109, Palm Springs, CA 92263

FAX / E-MAIL ADDRESS
lisamiddletonps@icloud.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Baron

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
James Williamson

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	[redacted]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	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 12/16/2016 (DATE) By [redacted] R ASSISTANT TREASURER

Executed on 12/16/2016 (DATE) By [redacted] 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

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COUNTY OF RIVERSIDE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME

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
BANK OF AMERICA	888. 287. 4637	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
588 S. PALM CANYON DRIVE	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
LISA MIDDLETON	PALM SPRINGS CITY COUNCIL MEMBER	2017	☑ 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 OF MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE: SUPPORT	CHECK ONE: OPPOSE
		☐	☐
		☐	☐