

**Statement of Organization
Recipient Committee**

Statement Type **Initial** **Amendment** **Termination - See Part 5**
 Not yet qualified or
 List I.D. number: # _____ List I.D. number: # _____
 Date qualified as committee: 12 / 14 / 2016 Date qualified as committee (if applicable) _____ Date of Termination _____

Date Stamp	CALIFORNIA FORM 410
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JAMES THOMPSON CITY CLERK	

1. Committee Information

NAME OF COMMITTEE
Lisa Middleton For Palm Springs City Council 2017

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92264
 MAILING ADDRESS (IF DIFFERENT)
Palm Springs, CA 92263
 FAX / E-MAIL ADDRESS _____
 COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Baron
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262
 NAME OF ASSISTANT TREASURER, IF ANY
James Williamson
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262
 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 12/16/2016 By _____
 Executed on 12/16/2016 By _____
 Executed on _____ By _____
 Executed on _____ By _____