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1-4-17

Statement of Organization Recipient Committee

Statement Type

Initial

Amendment

Not yet qualified or

List I.D. number:

12 / 14 / 2016

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

JAMES THOMPSON
CITY CLERK

Date of Termination

FEB 02 2017 Date Stamp

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CITY OF PALM SPRINGS
In the Office of the Secretary of State
of the State of California

2016 DEC 27 PM 4:11

DEC 30 2016

CALIFORNIA FORM 410

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

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 _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED
2017 FEB 22 AM 11:55
REGISTRAR OF VOTER REGISTRATION
COUNTY OF RIVERSIDE
www.fppc.ca.gov

FPPC Form 410 (Jan 2016)
FPPC Advice: advice@fppc.ca.gov (866) 275-3772

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME _____ I.D. NUMBER _____

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

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	AREA CODE/PHONE 888. 287. 4637	BANK ACCOUNT NUMBER ---
ADDRESS 588 S. PALM CANYON DRIVE	CITY PALM SPRINGS	STATE CA
		ZIP CODE 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	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>