

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____

 _____ Date qualified as committee _____ Date of termination _____

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1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

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)
 * PO Box 5536, PALM SPRINGS, CA 92263

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 lisa.middletonps@icloud.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
 LISA MIDDLETON

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
 PALM SPRINGS CA 92263 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 preparation of this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information

Executed on 12/31/2018 By _____
 Executed on 12/31/2018 By _____
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

* preferred mailing address

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <i>BANK OF AMERICA</i>	AREA CODE/PHONE <i>888.287.4637</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>588 S. PALM CANYON DRIVE</i>	CITY <i>PALM SPRINGS</i>	STATE <i>CA</i>
		ZIP CODE <i>92264</i>

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	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Clear Page

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