Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☒ Amendment	☐ Termination – See Part 3	Date Stamp
○ Not yet qualified or ○ Date qualification threshold met ___/___/___	Date qualification threshold met 11 / 1 / 2018	Date of termination ___/___/___	RECEIVED AND FILED In the office of the Secretary of State of the State of California NOV 05 2018

CALIFORNIA FORM 410

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CK

1. Committee Information

I.D. Number (if applicable): 1394265

NAME OF COMMITTEE: LISA MIDDLETON FOR PALM SPRINGS CITY COUNCIL

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

CITY: PALM SPRINGS CA STATE: ZIP CODE: 92264 AREA CODE/PHONE: [redacted]

new FULL MAILING ADDRESS (IF DIFFERENT): PO BOX 5536, PALM SPRINGS CA 92263

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): [redacted]

COUNTY OF DOMICILE: RIVERSIDE

JURISDICTION WHERE COMMITTEE IS ACTIVE: PALM SPRINGS

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: DAVID BARRON

STREET ADDRESS (NO P.O. BOX): 1800 E. TAHQUITZ CANYON WAY

CITY: PALM SPRINGS STATE: CA ZIP CODE: 92264 AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY: LISA MIDDLETON

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

CITY: PALM SPRINGS STATE: CA ZIP CODE: 92264 AREA CODE/PHONE: [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 prepari[redacted]formation contained herein is true and complete. I certify under penalty of perjury under the laws of the State[redacted]

Executed on 11.1.2018 (DATE) By [redacted]T TREASURER

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

Executed on ___ (DATE) By ___ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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