

COPY

Statement of Organization Recipient Committee

Statement Type

Initial [checked], Amendment [unchecked], Termination - See Part 5 [unchecked]. Date qualification threshold met: 2/3/2019. Date of termination: / /

Date Stamp: RECEIVED CITY OF PALM SPRINGS 2019 FEB 25 AM 8:55 OFFICE OF THE CITY CLERK

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number 992012 (previously closed) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Management Association of Palm Springs - MAPS PAC. STREET ADDRESS: 3200 East Tahquitz Canyon Way. CITY: Palm Springs. STATE: CA. ZIP CODE: 92262. COUNTY OF DOMICILE: Riverside. JURISDICTION WHERE COMMITTEE IS ACTIVE: Palm Springs.

NAME OF TREASURER: Catherine Salazar-Wilson. STREET ADDRESS: 3200 East Tahquitz Canyon Way. CITY: Palm Springs. STATE: CA. ZIP CODE: 92262. NAME OF ASSISTANT TREASURER, IF ANY: (see attached). NAME OF PRINCIPAL OFFICER(S): Catherine Salazar-Wilson. STREET ADDRESS: 3200 East Tahquitz Canyon Way. CITY: Palm Springs. STATE: CA. ZIP CODE: 92262.

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 information is correct.

Executed on 2-21-2019 By [redacted] TREASURER OR ASSISTANT TREASURER. Executed on / / By / / SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

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Recipient Committee**

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COMMITTEE NAME  
Management Association of Palm Springs - MAPS PAC

I.D. NUMBER  
992012 (previously closed)

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 760-864-8611	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 588 South Palm Canyon	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." 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 CHECK ONE		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

992012 (previously closed)

COMMITTEE NAME  
Management Association of Palm Springs - MAPS PAC

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support this Organization in advocating for the betterment of its membership and the community.

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

List of other Principal Officers for Management Association of Palm Springs – MAPS  
PAC

Rick Mozzillo – President of MAPS

Mark Jucht – Secretary of MAPS

David Newall – Treasurer of MAPS

Jarvis Crawford – Member at Large of MAPS

Address for all above is:

3200 East Tahquitz Canyon Way

Palm Springs, CA 92262

2-21-2019