

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified or

RECEIVED
CITY OF PALM SPRINGS
 Amendment Termination - See Part 5
 List I.D. # **881536** List number:
JAN 11 2016 FEB -2 AM 11:08
JAMES THOMPSON
CITY CLERK
 Date qualified as committee _____ Date qualified as committee (If applicable) _____ Date of Termination _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JAN 11 2016 AM 11:36
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Palm Springs Fire Safety Association PAC
 STREET ADDRESS (NO P.O. BOX)
255 N. El Cielo Rd. PMB #281
 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262 (760)861-1230
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officer

NAME OF TREASURER
Damien Myers
 STREET ADDRESS (NO P.O. BOX)
255 N. El Cielo Rd. PMB # 281
 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262 (760)861-1230
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
Brian Davis
 STREET ADDRESS (NO P.O. BOX)
255 N. El Cielo Rd. PMB #281
 CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92262 (909)855-5003

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 01/06/2016 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Palm Springs Fire Safety Association PAC	I.D. NUMBER 881536
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Palm Springs Federal Credit Union	AREA CODE/PHONE (760)327-7474	BANK ACCOUNT NUMBER 10952
ADDRESS 425 N. Civic Drive	CITY Palm Springs	STATE CA
		ZIP CODE 92262

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
			<input 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 OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

I.D. NUMBER
881536

COMMITTEE NAME
Palm Springs Fire Safety Association PAC

4. Type of Committee

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

Support Candidates and Measures within the City during a single election.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
Palm Springs Fire Safety Association PAC		Palm Springs Fire Safety Unit		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
255 N. El Cielo Rd.	PMB#281	Palm Springs	CA	92262

Small Contributor Committee

Date qualified

5. Termination Requirements

- 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.