

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

881536

_____/_____/_____
Date qualified as committee

08 / 06 / 1988

Date qualified as committee
(If applicable)

RECEIVED
CITY OF PALM SPRINGS
Termination - See Part 5

List I.D. number: 2016 MAR 14 AM 10:20

JAMES THOMPSON
CITY CLERK

Date of Termination

Date Stamp

CALIFORNIA FORM 410

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 26 2016

16 MAR 11 AM 10:51

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

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 Officers

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

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 02/23/2016 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Palm Springs Fire Safety Association PAC

I.D. NUMBER
881536

- 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

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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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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

Palm Springs Fire Safety Association PAC

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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.