

**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: 08 / 06 / 1988  
 Date of termination: \_\_\_\_\_  
(If amending to provide this date)

RECEIVED AND FILED  
 Date Stamp  
 in the office of the Secretary of State  
 of the State of California  
 JUL 10 2017  
 CALIFORNIA FORM 410  
 REGISTERAR OF VOTERS  
 COUNTY OF RIVERSIDE  
 PM 12:06

NAME OF COMMITTEE: Palm Springs Fire Safety Association PAC  
 NAME OF TREASURER: Damien Myers

STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE  
 MAILING ADDRESS (IF DIFFERENT)  
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 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)  
 35970 Bordeaux Pl  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Winchester CA 92596 (909)855-5003

Attach additional information on appropriately labeled continuation sheets.

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 06/05/2017 By \_\_\_\_\_ 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

RECEIVED  
 CITY OF PALM SPRINGS  
 JUL 24 AM 8:55  
 OFFICE OF THE CITY CLERK

**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 Sun Community Federal Credit Union		AREA CODE/PHONE (760)337-4200	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 425 N Civic Dr	CITY Palm Springs	STATE CA	ZIP CODE 92262	

**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"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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<b>FORM</b>	
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I.D. NUMBER	881536

COMMITTEE NAME

Palm Springs Fire Safety Association PAC



**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

AREA CODE/PHONE



CA



**Small Contributor Committee**

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



- 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.