

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

06 13 19

Termination - See Part 5

Date of termination

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State
of the State of California

JUN 20 2019

CALIFORNIA FORM 410

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2019 JUN 24 AM 10:16

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

1. Committee Information

I.D. Number
(if applicable)

1374199

NAME OF COMMITTEE

Protect Our Neighborhoods

STREET ADDRESS (NO P.O. BOX)

CITY

Palm springs

STATE

CA

ZIP CODE

92262

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bruce R Hoban

STREET ADDRESS (NO P.O. BOX)

CITY

Palm Springs

STATE

CA

ZIP CODE

92262

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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

Executed on 6/13/19

By

Executed on 6/13/19

By

Executed on _____

By

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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OFFICE OF THE CLERK
CITY OF PALM SPRINGS
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