

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
or
 Date qualified as committee 01 / 06 / 2018 _____ / _____ / _____
Date qualified as committee Date of termination

Logged

Date Stamp RECEIVED CITY OF PALM SPRING 2018 JAN 10 PM 6:35 OFFICE OF THE CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information **I.D. Number**
(if applicable)

NAME OF COMMITTEE
 We Love Palm Springs

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
 Palm Springs CA 92262 _____

MAILING ADDRESS (IF DIFFERENT)
 _____ Los Angeles, CA 90017

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 _____ jguard@kaufmanlegalgroup.com

COUNTY OF DOMICILE **JURISDICTION WHERE COMMITTEE IS ACTIVE**
 Riverside City of Palm Springs

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Neil Wortman

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
 Palm Springs CA 92262 _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**

NAME OF PRINCIPAL OFFICER(S)
 Neil Wortman

STREET ADDRESS (NO P.O. BOX)

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
 Palm Springs CA 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 _____

Executed on 01/08/2018 By _____
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME We Love Palm Springs	I.D. NUMBER 1401010
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE CA	ZIP CODE 90071

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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

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	OPPOSE
Short-Term Rentals Measure	City of Palm Springs		<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

We Love Palm Springs

I.D. NUMBER

1401010

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

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.

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Attachment to Statement of Organization – Form 410

We Love Palm Springs

Additional Mailing Address:

**611 South Palm Canyon Drive
#7-299
Palm Springs, CA 92264**