

**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 01 / 06 / 2018 Date of termination _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
MAR 15 2018

CALIFORNIA FORM 410
 For Official Use Only
 OFFICE OF THE CLERK
 CITY OF PALM SPRINGS
 2018 MAR 26 AM 11:55
 RECEIVED
 CITY OF PALM SPRINGS
 [Handwritten initials]

1. Committee Information I.D. Number (if applicable) 1401010

NAME OF COMMITTEE
 We Love Palm Springs - No on Measure C

STREET ADDRESS (NO P.O. BOX)
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
 Palm Springs CA 92262 [Redacted]

MAILING ADDRESS (IF DIFFERENT)
 [Redacted] 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)
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
 Palm Springs CA 92262 [Redacted]

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)
 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
 Palm Springs CA 92262 [Redacted]

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, certified under penalty of perjury under the laws of the State of California, and correct.

Executed on 03/14/18 By [Redacted]
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

RECEIVED
 2018 MAR 19 AM 10:22
 REGISTRAR OF VOTERS
 COUNTY OF RIVERSIDE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

We Love Palm Springs - No on Measure C

I.D. NUMBER

1401010

- 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	PARTY	
			CHECK ONE	
			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
Measure C: Prohibition of Vacation Rental of Single Family	City of Palm Springs		<input checked="" type="checkbox"/>
Residences in the City of Palm Springs			<input type="checkbox"/>

Clear Page

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INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 3

COMMITTEE NAME

We Love Palm Springs - No on Measure C

I.D. NUMBER

1401010

4. Type of Committee (Continued)

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

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer, and/or candidate, officer, or proponent certify that all of the following conditions have been met:

- 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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