

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Termination -- See Part 5  
 Date of termination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Stamp  
 RECEIVED  
 CITY OF PALM SPRINGS  
 2019 OCT 23 PM 4:27  
 OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**      **I.D. Number (if applicable)**      **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Palm Springs Fire Management Association PAC

I.D. Number  
 113652985 MS  
 1248897

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE  
 Palm Srings      CA      92262      [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED] Palm Springs CA 92263

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 psfmapresident@gmail.com

COUNTY OF DOMICILE      JURISDICTION WHERE COMMITTEE IS ACTIVE  
 [REDACTED]      Riverside

NAME OF TREASURER  
 Michael J. Smith

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE  
 Indio      CA      92201      [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
 Jason Loya

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE  
 La Quinta      CA      92201      [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
 Greg Lyle

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

CITY      STATE      ZIP CODE      AREA CODE/PHONE  
 Calimesa      CA      92320      [REDACTED]

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 that the foregoing is true and correct.

Executed on 10/23/2019 By [REDACTED] TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Palm Springs Fire Management Association PAC

I.D. NUMBER  
~~113652985~~ *4MS*  
*1248897*

- 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 760-327-7474	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS P.O. Box 4210	CITY El Centro	STATE CA
		ZIP CODE 92244

**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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3

COMMITTEE NAME

Palm Springs Fire Management Association PAC

I.D. NUMBER

~~473652985~~ MS

**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

1248897

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

Palm Springs Fire Management Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Palm Springs

CA

92263

**Small Contributor Committee**

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

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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.

**Statement of Organization  
Recipient Committee**

Date Stamp	<b>CALIFORNIA FORM 410</b>

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified OR <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**I.D. Number**  
(if applicable) ~~143652985~~ *MS* **1248897**

NAME OF COMMITTEE  
Palm Springs Fire Management Association PAC

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

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

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[REDACTED] Palm Springs CA 92263

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
psfmapresident@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
	Riverside

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Michael J. Smith

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY  
Jason Loya

STREET ADDRESS (NO P.O. BOX)  
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Executed on 10/23/2019 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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