

Statement of Organization Recipient Committee

Statement Type

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

CALIFORNIA FORM 410

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
OCT 29 2019 10:56 AM
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

1. Committee Information I.D. Number (if applicable) 113652985 MS **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Palm Springs Fire Management Association PAC

I.D. Number (if applicable)
1248897

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

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

FULL MAILING ADDRESS (IF DIFFERENT)
P.O. Box 1761 Palm Springs CA 92263

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside 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

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, 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 [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
CITY OF PALM SPRINGS
2018 NOV 14 AM 9:37
OFFICE OF THE CITY CLERK

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME
Palm Springs Fire Management Association PAC

I.D. NUMBER

113652985 *AMS*

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

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COMMITTEE NAME
Palm Springs Fire Management Association PAC

I.D. NUMBER

~~148552985~~ 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

P.O. Box 1761

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.