

**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 \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_  
 (If amending to provide this date)

Date Stamp  
**RECEIVED AND FILE**  
in the office of the Secretary of State  
of the State of California  
**DEC 09 2019**

**CALIFORNIA FORM 410**  
For Official Use Only  
**RECEIVED**  
2019 DEC 6 AM 11:00  
REGISTRAR OF VOTERS  
COUNTY OF RIVERSIDE

**1. Committee information** I.D. Number (if applicable) **1419200** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Dennis Woods For Palm Springs City Council District 2, 2019

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

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

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED] Palm Springs, CA 92262

FAX / E-MAIL ADDRESS  
DennisWoods4PalmSprings@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Riverside Palm Springs

NAME OF TREASURER  
Peter F. East

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  
Robert Rotman

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

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

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[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 information is true and correct.

Executed on 11/30/2019 By [REDACTED]  
OF TREASURER OR ASSISTANT TREASURER

Executed on 11/30/2019 By [REDACTED]  
OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICE-HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICE-HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**RECEIVED**  
2019 DEC 19 AM 7:53  
OFFICE OF THE CITY CLERK  
CITY OF PALM SPRINGS

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Dennis Woods For Palm Springs City Council District 2, 2019

I. D. NUMBER

1419200

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Bank Of America, N.A.

AREA CODE/PHONE

(760) 864-8584

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

1801 East Palm Canyon Drive

CITY

Palm Springs, CA 92264

STATE

ZIP CODE

**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."
- 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
Dennis L. Woods	City Council Member DISTRICT NO.: 2	2019	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	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"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Dennis Woods For Palm Springs City Council District 2, 2019

I. D. NUMBER

1419200

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppse specific candidates or measures in a single election. Check only one box:

CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.