

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA  
FORM 410**

**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	Date qualification threshold met 2 / 3 / 2019	Date of termination ____ / ____ / ____

RECEIVED  
CITY OF PALM SPRINGS  
2020 JAN 28 PM 3: 02  
OFFICE OF THE CITY CLERK

For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number</b> <i>(if applicable)</i> 1416257	<b>2. Treasurer and Other Principal Officers</b>
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**NAME OF COMMITTEE**  
Management Association of Palm Springs - MAPS PAC

**STREET ADDRESS (NO P.O. BOX)**  
3200 East Tahquitz Canyon Way

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

**FULL MAILING ADDRESS (IF DIFFERENT)**  
1775 East Palm Canyon Drive, Suite 110-26

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
[REDACTED]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside	Palm Springs

**NAME OF TREASURER**  
Catherine Salazar-Wilson

**STREET ADDRESS (NO P.O. BOX)**  
1775 East Palm Canyon Drive, Suite 110-26

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92264	[REDACTED]

**NAME OF ASSISTANT TREASURER, IF ANY**  
[REDACTED]

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**NAME OF PRINCIPAL OFFICER(S)**  
Rick Mozzillo, PAC President - See attached list for others

**STREET ADDRESS (NO P.O. BOX)**  
3200 East Tahquitz Canyon Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	760-323-8253

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 1-27-2020 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

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COMMITTEE NAME  
Management Association of Palm Springs - MAPS PAC

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 760-864-8611	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 588 South Palm Canyon	CITY Palm Springs	STATE CA	ZIP CODE 92264

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

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COMMITTEE NAME  
Management Association of Palm Springs - MAPS PAC

**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**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY  
To support this Organization in advocating for the betterment of its membership and the community.

**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 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.

**List of other Principal Officers for the Management Association of Palm Springs – MAPS PAC**

**Rick Mozzillo – President of MAPS**

**David Newall – Vice President of MAPS**

**Jarvis Crawford – Secretary of MAPS**

**Leigh Gileno – Treasurer of MAPS**

**Mike De Castro – Member at Large MAPS**

**1-27-2020**