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CITY OF PALM SPRINGS

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Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 06 / 01 / 20

Termination - See FPPC
 Date of termination

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CITY OF PALM SPRINGS

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CALIFORNIA FORM 410

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2020 JUN 15 PM 12:02
OFFICE OF VOTERS
CITY OF RIVERSIDE

1. Committee Information				I.D. Number 1394265				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Lisa Middleton for City Council, District 5, 2020				NAME OF TREASURER Kathy Weremiuk				STREET ADDRESS (NO R.O. BOX) [REDACTED]					
STREET ADDRESS (NO R.O. BOX) [REDACTED]				CITY Palm Springs		STATE CA		ZIP CODE 92262		AREA CODE/PHONE [REDACTED]			
CITY Palm Springs		STATE CA		ZIP CODE 92264		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY Joshua Friedes					
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] Palm Springs CA 92263-5536				STREET ADDRESS (NO R.O. BOX) [REDACTED]				CITY Palm Springs		STATE CA		ZIP CODE 92264	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY Palm Springs		STATE CA		ZIP CODE 92264		AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE Palm Springs		NAME OF PRINCIPAL OFFICER(S) Lisa Middleton				STREET ADDRESS (NO R.O. BOX) [REDACTED]					
Attach additional information on appropriately labeled continuation sheets.				CITY Palm Springs		STATE CA		ZIP CODE 92264		AREA CODE/PHONE [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. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/01/2020 By [REDACTED]

Executed on 06/01/2020 By [REDACTED]

Executed on 06/01/2020 By [REDACTED]

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT