

**Statement of Organization  
Recipient Committee**

13983715

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:

# \_\_\_\_\_  
\_\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
AUG 22 2017  
Hand Delivered, Sacramento

CALIFORNIA FORM **410**  
For Official Use Only  
OFFICE OF THE CLERK  
CITY OF PALM SPRINGS  
AUG 31 AM 9:19

**1. Committee Information**

NAME OF COMMITTEE Yes on Measure D - Firefighters, Police Officers,  
Senior Citizens, Education and Business Leaders for Protecting Public  
Safety and Vital Services

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

\_\_\_\_\_  
YesOnD@geaneandcompany.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento County	City of Palm Springs

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Shawnda Deane

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Jeff Kelsheimer

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jeff Kelsheimer

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California

Executed on 08/22/2017 By \_\_\_\_\_  
DATE SIGNATURE OF ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF 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

RECEIVED  
OFFICE OF THE CLERK  
CITY OF PALM SPRINGS  
AUG 28 AM 11:05

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**COMMITTEE NAME**

Yes on Measure D - Firefighters, Police Officers, Senior Citizens, Education and Business Leaders for Protecting Public Safety and Vital Services

I.D. NUMBER

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

<b>NAME OF FINANCIAL INSTITUTION</b> Community 1st Bank	<b>AREA CODE/PHONE</b> (916) 283-8042	<b>BANK ACCOUNT NUMBER</b> [REDACTED]	
<b>ADDRESS</b> 1601 Response Road, Suite 190	<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95815

**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
			<input 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	
Sales Tax Measure to Protect Public Safety and Vital Services : D	City of Palm Springs	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Yes on Measure D - Firefighters, Police Officers, Senior Citizens, Education and Business Leaders for Protecting Public Safety and Vital Services

I.D. NUMBER

**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

**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

**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  
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INSTRUCTIONS ON REVERSE

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		SUPPORT	OPPOSE

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NO. AND STREET

CITY

STATE

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