

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
11-7-17

Amendment (Explain Below)

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**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 17.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ameenah R. Fuller  
STREET ADDRESS  
[REDACTED]  
CITY PA STATE CA ZIP CODE 92262  
AREA CODE/DAYTIME PHONE NUMBER [REDACTED] OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Palm Springs City Council  
JURISDICTION (LOCATION) Palm Springs / Riverside County  
DISTRICT NUMBER (IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>Elected Ameenah Fuller for Palm Springs City Council 2017 ID# pending</u>	<u>[REDACTED] Palm Springs, CA 92262</u>	<u>Ameenah Fuller</u>

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

Executed on 9-28-17  
DATE

By: [REDACTED]

Clear Form

Print Form

**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 (If amending to provide this date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

Date Stamp  
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**CALIFORNIA FORM 410**  
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**1. Committee Information** ID Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
 Elect Ameenah Fuller for Palm Springs City Council - 2017

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

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

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

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 \_\_\_\_\_

COUNTY OF DOMICILE \_\_\_\_\_ JURISDICTION WHERE COMMITTEE IS ACTIVE \_\_\_\_\_

NAME OF TREASURER  
 Ameenah Fuller

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

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

NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

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

NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_

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 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 provided is true and correct.

Executed on 8-1-17 By \_\_\_\_\_  
 Executed on 8-1-17 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

*ELECT Ameenah Fuller For Palm Springs City Council - 2017*

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Ameenah R. Fuller</i>	<i>Palm Springs City Council</i>	<i>2017</i>	<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"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 3

I.D. NUMBER

COMMITTEE NAME

*Elect Ameerah Fuller for Palm Springs City Council - 2017*

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

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, 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  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_  
 Date qualified as committee (If amending to provide this date) \_\_\_\_\_ Date of termination \_\_\_\_\_

Date Stamp *done*  
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 OFFICE OF THE CITY CLERK  
**CALIFORNIA FORM 410**  
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*[Signature]*

**1. Committee Information** **ID Number (if applicable)** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
*Elect Ameenah Fuller for Palm Springs City Council 2017*  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT)  
*Palm Springs, CA 92262*  
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
 \_\_\_\_\_  
 COUNTY OF DOMICILE \_\_\_\_\_ JURISDICTION WHERE COMMITTEE IS ACTIVE \_\_\_\_\_

NAME OF TREASURER  
*Ameenah Fuller*  
 STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
 NAME OF PRINCIPAL OFFICER(S)  
 \_\_\_\_\_  
 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 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 7-19-17 By [Signature]  
 Executed on 7-19-17 By [Signature]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

*ELECT AMEGRAH FULLER FOR PALM SPRINGS CITY COUNCIL - 2017*

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	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
			<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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3  
I.D. NUMBER

COMMITTEE NAME  
*Elect Aimeah Fuller For Palm Springs City Council*  
4. Type of Committee (Continued) *2017*

**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 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.

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified  
or

Date qualified as committee

\_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(If amending to provide this date)

Termination - See Part 5

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of termination

Date Stamp  
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OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 410**  
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**1. Committee Information**

I.D. Number (if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Elect Ameenah Fuller for Palm Springs  
City Council - 2017

STREET ADDRESS (NO P.O. BOX)

[Redacted]

Palm Springs, CA 92262

MAILING ADDRESS (IF DIFFERENT)

[Redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER

Ameenah Fuller

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

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 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 provided is true and complete.

Executed on

8-1-17  
DATE

By

[Redacted Signature]

Executed on

8-1-17  
DATE

By

PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

*ELECT Ameenah Fuller For Palm Springs City Council 2017*

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	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
<i>Ameenah R. Fuller</i>	<i>Palm Springs City Council</i>	<i>2017</i>	<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"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 3

I.D. NUMBER

COMMITTEE NAME

*Elect Ameerah Fuller for Palm Springs City Council - 2017*

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

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.

**Candidate Intention Statement**

Date Stamp	<b>CALIFORNIA FORM 501</b>
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2017 JUL 20 PM 5:54	
OFFICE OF THE CITY CLERK	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First, Middle Initial) Fuller, Ameenah R. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL (optional) [REDACTED]

STREET ADDRESS Palm Springs City Council STATE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable.  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: Palm Springs (Name of Multi-County Jurisdiction) Year of Election: 2017

**2. State Candidate Expenditure Limit Statement:**

*(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)*

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

*(Check one box)*

- I **accept** the voluntary expenditure ceiling for the election stated above.
- I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

*(Mark if applicable)*

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

**3. Verification:**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July, 19, 2017 Signature [REDACTED]

Candidate Intention Statement

Date Stamp *July 19*  
**RECEIVED**  
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 OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 501**  
 For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Fuller, Ameenah R. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] E-MAIL (optional) [REDACTED]

STREET ADDRESS Palm Springs City Council CITY [REDACTED] STATE [REDACTED]

OFFICE SOUGHT (POSITION TITLE) \_\_\_\_\_ AGENCY NAME Palm Springs DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  
 State (Complete Part 2.)  
 City  County  Multi-County: Palm Springs (Name of Multi-County Jurisdiction) 2017 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
 (Year of Election) **Primary/general election** \_\_\_\_\_  
 (Year of Election) **Special/runoff election**

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 19, 2017  
 (month, day, year)

Signature [REDACTED]