

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink

COVER PAGE

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CITY OF PALM SPRINGS
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CALIFORNIA
2001/02
FORM
460

Page 1 of 92
For Official Use Only

Statement covers period
from 1/1/2015
through 6/30/2015

Date of election if applicable
(Month, Day, Year)

1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement-Attach Form 495

3. Committee Information

I.D. NUMBER
1376802

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Geoff Kors for City Council 2015

STREET ADDRESS (NO P.O. BOX)

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 1585

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs CA 92263

OPTIONAL FAX/E-MAIL ADDRESS
geoffkorsps@gmail.com

Treasurer(s)

NAME OF TREASURER
James Williamson

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY
Steven Mele

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Washington DC 20003-4303

OPTIONAL FAX/E-MAIL ADDRESS
williamsonjg@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on JULY 31, 2015
Executed on July 31, 2015
Executed on _____
Executed on _____

By _____
By _____
By _____
By _____

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline:
888/ASK-FPPC
(888/276-3772)
State of California

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page-Part 2**

Type or print in ink

COVER PAGE-PART 2

CALIFORNIA		460
FORM		
Page	2	of 92

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Geoff Kors			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sought: City Council Member			
City			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	Palm Springs	CA	92262

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
Page 3 of 92		I.D. NUMBER 1376802

NAME OF FILER
Geoff Kors for City Council 2015

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$147,343.00	\$147,343.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$147,343.00	\$147,343.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$3,545.14	\$3,545.14
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$150,888.14	\$150,888.14

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$19,031.15	\$19,031.15
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$19,031.15	\$19,031.15
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$262.50	\$262.50
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$3,545.14	\$3,545.14
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$22,838.79	\$22,838.79

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$147,343.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$19,031.15
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$128,311.85
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in schedule B.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$262.50

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/26/2015	Denise L. Nelson [REDACTED] Palm Springs, CA 92262-6181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$100.00	
03/18/2015	Cynthia Pino [REDACTED] Oakland, CA 94611-2267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MD Strategic Programs MUFG Americas	\$500.00	\$500.00	
03/18/2015	Alvin Baum [REDACTED] San Francisco, CA 94115-1540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$2,500.00	\$2,500.00	
04/22/2015	Rick Weingard [REDACTED] Palm Springs, CA 92264-9191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Promotivators Ltd	\$50.00	\$175.00	

SUBTOTAL \$3,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 5 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2015	Rick Weingard [REDACTED] Palm Springs, CA 92264-9191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Promotivators Ltd	\$50.00	\$175.00	
03/20/2015	Barbara Keller [REDACTED] Rancho Mirage, CA 92270-1507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Keller International Publishing	\$500.00	\$500.00	
05/01/2015	Burke Rix Communications 431 S Palm Canyon Dr Ste 206 Palm Springs, CA 92262-7300	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/13/2015	Hugh Glenn [REDACTED] Palm Springs, CA 92262-5639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	

SUBTOTAL \$1,550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 6 of 92

NAME OF FILER
Geoff Kois for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/08/2015	Committee to Elect Ginny Foat Mayor - 2015 673 N Palm Canyon Dr Ste D Palm Springs, CA 92262-5553 ID: 1377872	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
05/17/2015	Bernadette Abbruzze [REDACTED] San Fernando, CA 91340-2259	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Envirolution, Inc.	\$250.00	\$250.00	
05/01/2015	John Wong [REDACTED] Palm Springs, CA 92262-4328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Compliance Officer Integrated Wealth Management	\$200.00	\$200.00	
04/30/2015	Brian Vatcher [REDACTED] Palm Springs, CA 92262-3903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Brighthaus Marketing	\$100.00	\$100.00	

SUBTOTAL \$750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/04/2015	Frank Tinney [REDACTED] Palm Springs, CA 92262-8858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
06/26/2015	Gloria Rowland [REDACTED] Rancho Santa Fe, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SVP Sempra Energy	\$1,000.00	\$1,000.00	
05/17/2015	Michael J. Nadeau [REDACTED] Palm Springs, CA 92262-1209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salon Owner Michael Nadeau	\$100.00	\$100.00	
06/22/2015	Dave Fleischer [REDACTED] West Hollywood, CA 90046-5943	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Director Los Angeles LGBT Center	\$150.00	\$150.00	

SUBTOTAL \$1,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2015	Frederick W. Noble [REDACTED] Palm Springs, CA 92262-7003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Wintec Energy LTD	\$2,500.00	\$2,500.00	
04/22/2015	Donna King [REDACTED] Palm Springs, CA 92262-1766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Hanson House Foundation	\$200.00	\$225.00	
06/12/2015	Jim Fiedler [REDACTED] Palm Springs, CA 92262-7706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Desert Art Center	\$100.00	\$100.00	
04/23/2015	Nathaniel Diaz [REDACTED] Palm Springs, CA 92262-4147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Diaz Anesthesia Services Inc	\$500.00	\$500.00	

SUBTOTAL \$3,300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/19/2015	Christopher Emerson [REDACTED] Los Angeles, CA 90019-2519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Christopher Emerson	\$250.00	\$250.00	
05/01/2015	John Williams [REDACTED] Palm Springs, CA 92262-4239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
04/30/2015	Bill Nicholson [REDACTED] Cathedral City, CA 92234-5454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Flooring Innovations	\$500.00	\$500.00	
04/02/2015	Stacey Kors [REDACTED] Swampscott, MA 01907-1926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Freelance Writer Stacey Kors	\$1,000.00	\$1,000.00	

SUBTOTAL \$2,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2015	John Mahoney [REDACTED] Palm Springs, CA 92262-2714	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medicaid Financial Consultant John Mahoney	\$500.00	\$500.00	
04/22/2015	Greg Rodriguez [REDACTED] Palm Springs, CA 92262-0559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Manager Desert AIDS Project	\$100.00	\$100.00	
05/07/2015	Michelle Ortiz [REDACTED] San Francisco, CA 94118-4353	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraiser Emily's List	\$150.00	\$150.00	
06/27/2015	Ken Seeley [REDACTED] Palm Springs, CA 92264-9686	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interventionist Intervention 911	\$2,000.00	\$2,000.00	

SUBTOTAL \$2,750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/10/2015	John Sheehan [REDACTED] Palm Springs, CA 92262-4314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Leisurehouse Holdings, LLC	\$250.00	\$350.00	
06/30/2015	Liz Biala [REDACTED] San Diego, CA 92119-3129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Ascent Real Estate	\$100.00	\$100.00	
06/29/2015	Marc Ware [REDACTED] Palm Springs, CA 92262-4360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
06/30/2015	Eric Harrison [REDACTED] Thousand Oaks, CA 91362-2677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO United Way of Ventura County	\$100.00	\$100.00	

SUBTOTAL \$950.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/08/2015	Peter Bart [REDACTED] Palm Springs, CA 92264-8219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Journalist Peter Bart	\$100.00	\$100.00	
06/20/2015	Frank Tinney [REDACTED] Palm Springs, CA 92262-8858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
04/02/2015	Michael Valeo [REDACTED] Palm Springs, CA 92262-6153	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Michael Valeo	\$500.00	\$500.00	
04/29/2015	Kerstin Pollack [REDACTED] Palm Springs, CA 92264-4967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Curator of Art Reginald Pollack Fine Art	\$50.00	\$950.00	

SUBTOTAL \$750.00

Schedule A Summary

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(Include all Schedule A subtotals.)..... \$144,120.00

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3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/01/2015	Bob Hildie [REDACTED] Palm Springs, CA 92264-1632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/05/2015	Andrew Linsky [REDACTED] Palm Springs, CA 92262-4424	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Sales Windermere Real Estate	\$100.00	\$100.00	
06/30/2015	Mary Willis [REDACTED] Rancho Mirage, CA 92270-3253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/23/2015	William Guilliams [REDACTED] Palm Springs, CA 92264-6827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care - Financial Risk Management Altegra Health	\$100.00	\$100.00	

SUBTOTAL \$400.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 14 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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04/23/2015	Linda Scaparotti ██████████ Berkeley, CA 94705-1637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Linda M Scaparotti	\$250.00	\$250.00	
05/18/2015	Keith Kincaid ██████████ Palm Springs, CA 92264-9409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
06/30/2015	Rick Zbur ██████████ West Hollywood, CA 90048-1801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Equality California	\$1,000.00	\$1,000.00	
05/16/2015	Rick Weingard ██████████ Palm Springs, CA 92264-9191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Promotivators Ltd	\$50.00	\$175.00	

SUBTOTAL \$1,400.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015 through 6/30/2015	
Page 15 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

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04/28/2015	Ron DeHarte [REDACTED] Palm Springs, CA 92262-5534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing and Public Relations DeHarte Group, LLC	\$250.00	\$250.00	
05/01/2015	Donald Drapeau [REDACTED] Palm Springs, CA 92264-0244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor None	\$100.00	\$100.00	
05/01/2015	Brad Fuhr [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Online Sales Brad Fuhr	\$150.00	\$150.00	
04/24/2015	Mark Marshall [REDACTED] Palm Springs, CA 92262-5342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor Mark Marshall	\$250.00	\$250.00	

SUBTOTAL \$750.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A

Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA FORM 460
	Page 16 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

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04/24/2015	Chad Gardner [REDACTED] Palm Springs, CA 92264-6808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hospitality Dash and a Handful Inc	\$500.00	\$1,000.00	
05/08/2015	David Pence [REDACTED] Boca Raton, FL 33487-1294	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
06/29/2015	Linda Heidinger [REDACTED] Palm Springs, CA 92264-8535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LEH inc	\$250.00	\$500.00	
04/22/2015	Becky Salato [REDACTED] Beaumont, CA 92223-8554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Consultant Action Learning Systems	\$100.00	\$100.00	

SUBTOTAL \$1,350.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2015</u> through <u>6/30/2015</u>	
Page <u>17</u> of <u>92</u>	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/17/2015	David Feltman [REDACTED] Palm Springs, CA 92264-8563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant David Feltman	\$500.00	\$500.00	
06/10/2015	Richard Foglia [REDACTED] San Francisco, CA 94114-1571	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/23/2015	Anne Stanback [REDACTED] Avon, CT 06001-2106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager/Director Equality Federation	\$100.00	\$100.00	
06/16/2015	Mary Jo Potts [REDACTED] Palm Springs, CA 92262-4131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$800.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2015	Scott Davenport [REDACTED] Palm Springs, CA 92262-9774	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Non-profit Executive Freedom to Marry	\$1,000.00	\$1,000.00	
04/13/2015	Andrew Knox [REDACTED] Palm Springs, CA 92262-2518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Lifestyle LLC	\$50.00	\$150.00	
04/23/2015	Lia Shigemura [REDACTED] Oakland, CA 94618-2310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Human Resources Consultant Lia Shigemura	\$100.00	\$100.00	
04/02/2015	Robert Van Roo [REDACTED] Palm Springs, CA 92264-7213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alternative Medicine Consultant PSSA	\$2,500.00	\$2,500.00	

SUBTOTAL \$3,650.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A

Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA FORM 460 Page 19 of 92
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NAME OF FILER
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04/28/2015	Lynn Hammond [REDACTED] Palm Springs, CA 92264-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hostess/Caterer Lynn Hammond	\$250.00	\$250.00	
03/20/2015	Charles Robbins [REDACTED] Van Nuys, CA 91401-4311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraiser The Village Family Services	\$500.00	\$500.00	
04/13/2015	Elle Kurpiewski [REDACTED] Rancho Mirage, CA 92270-1223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$100.00	
06/29/2015	Fred Karger [REDACTED] Los Angeles, CA 90046-1118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$900.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2015</u> through <u>6/30/2015</u>	
Page <u>20</u> of <u>92</u>	

NAME OF FILER
Geoff Kors for City Council 2015

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2015	Larry DaSilva [REDACTED] Palm Springs, CA 92264-9419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
04/27/2015	Murray Kors [REDACTED] Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$10,000.00	\$10,000.00	
04/25/2015	Jim Patrick [REDACTED] Palm Springs, CA 92264-8532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$150.00	
04/28/2015	Robert Algeni [REDACTED] San Diego, CA 92101-8467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. Account Executive Island Pacific	\$200.00	\$200.00	

SUBTOTAL \$10,500.00

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Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>21</u> of <u>92</u>

NAME OF FILER
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04/23/2015	Pete Elting [REDACTED] San Francisco, CA 94107-2630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
06/24/2015	Robert Wong [REDACTED] Palm Springs, CA 92264-9409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$120.00	\$120.00	
06/24/2015	Peter Rittenhouse [REDACTED] Palm Springs, CA 92264-5867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Exeutive Peter Rittenhouse	\$100.00	\$100.00	
04/23/2015	David Bohnett [REDACTED] Beverly Hills, CA 90212-3807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Baroda Ventures LLC	\$500.00	\$500.00	

SUBTOTAL \$820.00

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>22</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/02/2015	Kelly Ferrero [REDACTED] Palm Springs, CA 92262-3034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hro, Inc.	\$1,500.00	\$2,500.00	
04/18/2015	Susan McCabe [REDACTED] Marina Del Rey, CA 90292-7296	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consultant McCabe & Company	\$1,000.00	\$1,000.00	
05/08/2015	Jim C. Hormel [REDACTED] San Francisco, CA 94104-4901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairperson Equidex, Inc	\$500.00	\$500.00	
04/04/2015	Kenny Cassady [REDACTED] Palm Springs, CA 92264-4860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Business Development Oranj Palm Vacation Homes	\$250.00	\$250.00	

SUBTOTAL \$3,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>23</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/20/2015	David Lawson [REDACTED] San Francisco, CA 94131-3227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Genentech, Inc.	\$1,000.00	\$1,000.00	
04/21/2015	Carl Baker [REDACTED] Palm Springs, CA 92262-2315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Bank of America	\$50.00	\$200.00	
03/20/2015	Sy Young [REDACTED] Palm Springs, CA 92262-4328	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Eisenhower Medical Associates	\$1,000.00	\$1,000.00	
04/23/2015	Peter Brooks [REDACTED] Palm Springs, CA 92264-3528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager PSRA	\$500.00	\$500.00	

SUBTOTAL \$2,550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

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3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>24</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/16/2015	Robert Holgate [REDACTED] San Francisco, CA 94103-5400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Robert Holgate Design	\$250.00	\$250.00	
06/30/2015	Laura O'Kane [REDACTED] Palm Springs, CA 92262-6841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney O'Kane & McKee, LLP	\$1,000.00	\$1,000.00	
05/01/2015	Sylvia Zelnys [REDACTED] Palm Springs, CA 92264-8680	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
03/17/2015	William Dickey [REDACTED] Portland, OR 97218-1661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Morel Inc.	\$1,000.00	\$1,000.00	

SUBTOTAL \$2,350.00

Schedule A Summary

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2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/08/2015	Louise Hampton [REDACTED] Palm Springs, CA 92262-5670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Berkshire Hathaway	\$250.00	\$250.00	
06/30/2015	Bill Scheffler [REDACTED] Palm Springs, CA 92264-0277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
04/22/2015	Donna King [REDACTED] Palm Springs, CA 92262-1766	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Hanson House Foundation	\$25.00	\$225.00	
04/06/2015	Joseph Hoffman [REDACTED] Palm Springs, CA 92264-9402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	

SUBTOTAL \$1,475.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>26</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/29/2015	Craig Edwards [REDACTED] Palm Springs, CA 92262-4315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Craig Edwards	\$250.00	\$250.00	
04/30/2015	Thomas Cowley [REDACTED] Rancho Mirage, CA 92270-2535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Designer Thomas Cowley	\$100.00	\$100.00	
05/18/2015	Robert H Thorson [REDACTED] Palm Springs, CA 92264-8500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
04/29/2015	Ruth Debra [REDACTED] Palm Springs, CA 92262-5310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retailer Ruth Debra	\$100.00	\$100.00	

SUBTOTAL \$650.00

Schedule A Summary

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2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 27 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/07/2015	Ron Wallen [REDACTED] Palm Springs, CA 92262-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
04/08/2015	Gary Hiatt [REDACTED] Palm Springs, CA 92262-4216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
05/18/2015	Denise L. Nelson [REDACTED] Palm Springs, CA 92262-6181	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$100.00	
06/30/2015	Marc Solomon [REDACTED] New York, NY 10011-4091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National Campaign Director Freedom to Marry	\$500.00	\$500.00	

SUBTOTAL \$1,650.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

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3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>28</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/13/2015	James Gazan [REDACTED] Palm Springs, CA 92264-7908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
03/31/2015	Masen Davis [REDACTED] San Francisco, CA 94112-1514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Consultant Masen Davis	\$100.00	\$100.00	
05/07/2015	Scott Palermo [REDACTED] Palm Springs, CA 92264-8477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Scott Palermo	\$250.00	\$250.00	
04/04/2015	Jesse Dorsey [REDACTED] Palm Springs, CA 92262-8858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>29</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/28/2015	Douglas Morton [REDACTED] Palm Springs, CA 92262-2439	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Temple Isaiah Jewish Community Center of Palm Springs	\$50.00	\$100.00	
04/30/2015	Brian Healey [REDACTED] Palm Springs, CA 92264-8664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist Brian Healey	\$100.00	\$100.00	
05/26/2015	Marshal Isaacs [REDACTED] Dallas, TX 75207-3453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Emergency Physician University of Texas Southwestern Medical Center at Dallas	\$1,000.00	\$1,000.00	
06/30/2015	Rick Weingard [REDACTED] Palm Springs, CA 92264-9191	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Promotivators Ltd	\$25.00	\$175.00	

SUBTOTAL \$1,175.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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FPPC Form 460 (January/05)

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA FORM 460 Page 30 of 92
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/16/2015	Barbara Hawkins Villani [REDACTED] Palm Springs, CA 92264-8114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$25.00	\$100.00	
06/28/2015	Keith Markovitz [REDACTED] Palm Springs, CA 92264-8156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Keith Morkovitz	\$500.00	\$500.00	
03/19/2015	Adam Press [REDACTED] Los Angeles, CA 90068-2611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$2,500.00	\$2,500.00	
06/30/2015	Sanford Edelstein [REDACTED] Palm Springs, CA 92264-9085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Officer Prospect Mortgage	\$200.00	\$200.00	

SUBTOTAL \$3,225.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>31</u> of <u>92</u>

NAME OF FILER
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04/06/2015	Jack Woods [REDACTED] Palm Springs, CA 92262-0582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,250.00	
04/21/2015	Mark Nichols [REDACTED] Palm Springs, CA 92262-7400	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Designer Mark Nichols Modern Interiors, Inc.	\$500.00	\$500.00	
03/24/2015	Carl Baker [REDACTED] Palm Springs, CA 92262-2315	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Bank of America	\$150.00	\$200.00	
03/18/2015	Brien O'Brien [REDACTED] Palm Springs, CA 92262-5505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Brien O'Brien Salon	\$250.00	\$250.00	

SUBTOTAL \$1,900.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>32</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/24/2015	Debra Moses [REDACTED] San Francisco, CA 94105-4661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR Consultant SpeakNow, Inc	\$1,000.00	\$1,000.00	
03/18/2015	Wayne DeWilde [REDACTED] Eugene, OR 97401-4049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor DeWilde Properties	\$250.00	\$250.00	
06/03/2015	Harold Ball [REDACTED] Palm Springs, CA 92264-9214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
06/16/2015	J. Eric Shay [REDACTED] Palm Springs, CA 92264-1613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Cabot's Pueblo Museum	\$250.00	\$500.00	

SUBTOTAL \$1,750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>33</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2015	Jessey Gilbertson [REDACTED] Palm Springs, CA 92264-9329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Personal Trainer Jessey Gilbertson	\$250.00	\$250.00	
03/18/2015	Randall Ahrens [REDACTED] Palm Springs, CA 92264-8589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Consultant Randall Ahrens	\$250.00	\$250.00	
05/08/2015	Ron Wallen [REDACTED] Palm Springs, CA 92262-2053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
04/30/2015	Mark Jones [REDACTED] Palm Springs, CA 92262-6464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Brighthaus Marketing	\$100.00	\$100.00	

SUBTOTAL \$700.00

Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>34</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/13/2015	Don Huneke [REDACTED] Palm Springs, CA 92264-9442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$200.00	\$200.00	
04/26/2015	Jonathan Rosenblatt [REDACTED] Palm Springs, CA 92264-5118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager Horizon Technology, Inc	\$100.00	\$100.00	
04/05/2015	Patrick Mundt [REDACTED] Palm Springs, CA 92262-6632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed None	\$100.00	\$100.00	
03/29/2015	Robert Mahlowitz [REDACTED] San Francisco, CA 94105-3150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney City of Livermore, California	\$250.00	\$250.00	

SUBTOTAL \$650.00

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(Include all Schedule A subtotals.)..... \$144,120.00

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3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015 through 6/30/2015	
Page 35 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/13/2015	Tim Hohmeier [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$2,500.00	\$2,500.00	
05/03/2015	Kirk Hahn [REDACTED] San Francisco, CA 94105-4415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kaiser Permanente	\$250.00	\$250.00	
06/25/2015	Chris Carnes [REDACTED] Bethel Island, CA 94511	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Online marketing Chris Carnes	\$100.00	\$100.00	
04/28/2015	Lesley Weaver [REDACTED] Oakland, CA 94606-2614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Block & Leviton LLP	\$250.00	\$250.00	

SUBTOTAL \$3,100.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 36 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/18/2015	Philip Katcher [REDACTED] Palm Springs, CA 92264-7213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Travel Agent Philip Katcher	\$100.00	\$100.00	
06/30/2015	Allison Jones [REDACTED] Palm Springs, CA 92262-4982	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
03/17/2015	Devin Wimmer [REDACTED] Palm Springs, CA 92262-3559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmaceutical Consultant Devin Wimmer	\$100.00	\$100.00	
06/29/2015	Kay Hazen [REDACTED] Palm Springs, CA 92262-5858	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant KH and Company	\$100.00	\$100.00	

SUBTOTAL \$800.00

Schedule A Summary

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(Include all Schedule A subtotals.)..... \$144,120.00

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3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>37</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/01/2015	Barbara Hawkins Villani [REDACTED] Palm Springs, CA 92264-8114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$75.00	\$100.00	
03/27/2015	Stephen Winters [REDACTED] Chicago, IL 60611-1561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed None	\$500.00	\$500.00	
05/26/2015	Democrats of the Desert 5429 Madison Ave Sacramento, CA 95841-3111 ID: 870135	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/28/2015	Darrel Tucci [REDACTED] Palm Springs, CA 92264-9368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Development Officer Desert AIDS Project	\$100.00	\$160.00	

SUBTOTAL \$925.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>38</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2015	Osmundo Saquil [REDACTED] Palm Springs, CA 92264-5508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Desert Oasis Healthcare	\$500.00	\$500.00	
03/30/2015	Mark Hamilton [REDACTED] Palm Springs, CA 92262-4152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
03/30/2015	Pjetur Sigurdson [REDACTED] Palm Springs, CA 92264-9536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retail Hollywood Home	\$500.00	\$750.00	
06/16/2015	James Selsor [REDACTED] Palm Springs, CA 92262-4131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$2,100.00

Schedule A Summary

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FPPC Form 460 (January/05)

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>39</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/17/2015	Darrel Tucci [REDACTED] Palm Springs, CA 92264-9368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Development Officer Desert AIDS Project	\$25.00	\$160.00	
05/18/2015	A La Mod, Inc. 844 N Palm Canyon Dr Palm Springs, CA 92262-4424	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
03/30/2015	Richard Colbert [REDACTED] West Hollywood, CA 90046-4912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive PPI Releasing LLC	\$250.00	\$350.00	
06/28/2015	William D Kindston [REDACTED] Palm Springs, CA 92262-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$625.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>40</u> of <u>92</u>
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NAME OF FILER
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I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/18/2015	Kevin Bass [REDACTED] Rancho Mirage, CA 92270-3612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Kevin Bass	\$150.00	\$150.00	
05/18/2015	Andrew Knox [REDACTED] Palm Springs, CA 92262-2518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Lifestyle LLC	\$100.00	\$150.00	
04/12/2015	Bob Warburton [REDACTED] Cathedral City, CA 92234-4322	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/25/2015	Jim Patrick [REDACTED] Palm Springs, CA 92264-8532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$150.00	

SUBTOTAL \$400.00

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Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>41</u> of <u>92</u>
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NAME OF FILER
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03/30/2015	Michael Peachey [REDACTED] Palm Springs, CA 92264-9121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP, Marketing Salesforce.com, inc.	\$250.00	\$250.00	
04/13/2015	Linda McAllister [REDACTED] Palm Springs, CA 92264-9267	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Linda McAllister	\$100.00	\$100.00	
04/27/2015	Ann Sheffer [REDACTED] Westport, CT 06880-5923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Volunteer None	\$1,000.00	\$1,000.00	
06/30/2015	Christopher Heritage [REDACTED] Palm Springs, CA 92262-6798	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Heritage Legal, PC	\$250.00	\$250.00	

SUBTOTAL \$1,600.00

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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 42 of 92

NAME OF FILER
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04/28/2015	Daniel Barber [REDACTED] Palm Springs, CA 92264-8684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
06/30/2015	Hon. John Duran [REDACTED] West Hollywood, CA 90069-5826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Duran Law Group	\$250.00	\$250.00	
05/01/2015	Donald Beck [REDACTED] Palm Springs, CA 92264-8483	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
03/23/2015	Jerry Sanfilippo [REDACTED] Palm Springs, CA 92262-2036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Jerry Sanfilippo	\$150.00	\$150.00	

SUBTOTAL \$600.00

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>43</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2015	Alexander Randolph [REDACTED] San Francisco, CA 94103-5507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Francisco Community College Board Trustee	\$200.00	\$200.00	
03/31/2015	Naomi Fine [REDACTED] Los Altos, CA 94022-2750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder & CEO ProtecData	\$500.00	\$500.00	
04/13/2015	David Lee [REDACTED] Palm Springs, CA 92262-4131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer David Lee	\$5,000.00	\$5,000.00	
03/23/2015	Dimitri Bakakos [REDACTED] Palm Springs, CA 92264-9536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Skinn Cosmetics	\$10,000.00	\$10,000.00	

SUBTOTAL \$15,700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee (other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA FORM 460
	Page 44 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/2015	Mark Stoelting [REDACTED] West Hollywood, CA 90048-2001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Travel Agency Owner Inluxuria	\$250.00	\$250.00	
04/27/2015	Frank Rotondo [REDACTED] Palm Springs, CA 92264-4963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
05/28/2015	Thalia Zepatos [REDACTED] Portland, OR 97214-4339	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Research Freedom to Marry	\$250.00	\$250.00	
05/01/2015	Scott Paine [REDACTED] San Diego, CA 92104-4949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Team Development Consultant Scott Paine	\$300.00	\$300.00	

SUBTOTAL \$900.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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IND- Individual
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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>45</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/04/2015	Scott Beloved [REDACTED] Spokane, WA 99205-7713	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logistics Consultant Warehousing System Services	\$500.00	\$500.00	
06/16/2015	Kate Kendell [REDACTED] San Francisco, CA 94112-2821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney NCLR	\$100.00	\$100.00	
05/01/2015	Robert Allred [REDACTED] Palm Springs, CA 92264-9421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Egg & Dart	\$250.00	\$250.00	
06/30/2015	Rick Holdway [REDACTED] Palm Springs, CA 92262-6193	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor Ameriprise Financial	\$150.00	\$150.00	

SUBTOTAL \$1,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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IND- Individual
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>46</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/28/2015	Jack Woods [REDACTED] Palm Springs, CA 92262-0582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$1,250.00	
04/30/2015	Bruce Purdy [REDACTED] Palm Springs, CA 92261-9422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Economist Purdy International	\$100.00	\$100.00	
04/04/2015	Don Alexander [REDACTED] Palm Springs, CA 92262-1818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
06/08/2015	Mark Van Laanen [REDACTED] Palm Springs, CA 92262-4438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner VanMarc, Inc	\$200.00	\$200.00	

SUBTOTAL \$800.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>47</u> of <u>92</u>
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NAME OF FILER
Geoff Koxs for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2015	Tobias Wolff [REDACTED] Philadelphia, PA 19123-2902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of Pennsylvania	\$500.00	\$500.00	
06/28/2015	Pjetur Sigurdson [REDACTED] Palm Springs, CA 92264-9536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retail Hollywood Home	\$250.00	\$750.00	
05/01/2015	Desert Stonewall Democrats PO Box 4536 Palm Springs, CA 92263-4536 ID: 1220539	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/14/2015	Aftab Dada 400 E Tahquitz Canyon Way Palm Springs, CA 92262-6605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Hilton	\$500.00	\$500.00	

SUBTOTAL \$1,500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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(other than PTY or SCC)
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 48 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/30/2015	Don Chase ██████████ Palm Springs, CA 92262-5863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
05/01/2015	Terry Gatewood ██████████ Palm Springs, CA 92264-6827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Blue Tiger Recovery LLC	\$100.00	\$100.00	
03/18/2015	Jeffrey Norman ██████████ Rancho Mirage, CA 92270-5806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Communications/Publ ic Affairs McCallum Theatre	\$250.00	\$250.00	
03/18/2015	Pia Carusone ██████████ Washington, DC 20002-3634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Consultant Pia Carusone	\$150.00	\$150.00	

SUBTOTAL \$600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>49</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/19/2015	Larry Colton [REDACTED] Belvedere, CA 94920-2320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker G2 Insurance	\$1,000.00	\$1,000.00	
05/12/2015	Darrel Tucci [REDACTED] Palm Springs, CA 92264-9368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Development Officer Desert AIDS Project	\$35.00	\$160.00	
06/24/2015	David Carden [REDACTED] Palm Springs, CA 92262-7788	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Windermere Real Estate	\$100.00	\$100.00	
03/17/2015	Gary Soto [REDACTED] Palm Springs, CA 92264-8589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Action Learning Systems	\$10,000.00	\$10,000.00	

SUBTOTAL \$11,135.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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SCC- Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>50</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/18/2015	Christian Edvardsen [REDACTED] San Francisco, CA 94110-7604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager Visa	\$250.00	\$250.00	
03/19/2015	Carol Balasa [REDACTED] Palm Springs, CA 92264-7213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
05/04/2015	Kelly Ferrero [REDACTED] Palm Springs, CA 92262-3034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hro, Inc.	\$1,000.00	\$2,500.00	
05/18/2015	Donald Beck [REDACTED] Palm Springs, CA 92264-8483	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	

SUBTOTAL \$1,600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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IND- Individual
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>51</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/12/2015	Mark Duebner [REDACTED] Palm Springs, CA 92262-5847	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Designer Mark Duebner Design	\$250.00	\$250.00	
04/27/2015	David Freedman [REDACTED] Palm Springs, CA 92264-9413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Baker & McKenzie LLP	\$100.00	\$100.00	
05/26/2015	Yvonna Cazares [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications Manager BAAQMD	\$500.00	\$500.00	
04/23/2015	Wil Stiles [REDACTED] Palm Springs, CA 92262-4423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Wil Stiles, Inc	\$250.00	\$250.00	

SUBTOTAL \$1,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA FORM 460
	Page 52 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/17/2015	John Sheehan [REDACTED] Palm Springs, CA 92262-4314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Leisurehouse Holdings, LLC	\$100.00	\$350.00	
06/02/2015	J. Eric Shay [REDACTED] Palm Springs, CA 92264-1613	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Cabot's Pueblo Museum	\$250.00	\$500.00	
06/12/2015	Jerrine Doctor [REDACTED] Palm Springs, CA 92264-7213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/23/2015	Rebecca Cooke [REDACTED] Eau Claire, WI 54703-6813	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Campaign Consultant Rebecca Cooke	\$100.00	\$100.00	

SUBTOTAL \$550.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 53 of 92

NAME OF FILER
Geoff Korts for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/28/2015	Anngelica Davis [REDACTED] Phoenix, AZ 85016-4502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student None	\$500.00	\$500.00	
04/18/2015	Shelley Kaplan [REDACTED] Cathedral City, CA 92234-2435	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member Cathedral City CA	\$250.00	\$250.00	
06/18/2015	Elizabeth Edwards [REDACTED] San Francisco, CA 94110-5149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
04/16/2015	Juan Barajas [REDACTED] New York, NY 10036-4446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Development Director Freedom to Marry	\$150.00	\$150.00	

SUBTOTAL \$1,150.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
		Page 54 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/29/2015	Jeffrey Osteen [REDACTED] San Francisco, CA 94114-2213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney NetSuite	\$250.00	\$250.00	
04/21/2015	Tony Marchese [REDACTED] Palm Springs, CA 92262-5507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner VanMarc, Inc	\$250.00	\$250.00	
04/23/2015	Jaime Rook [REDACTED] Palm Springs, CA 92262-4740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker PSP Ventures, Inc	\$500.00	\$500.00	
04/26/2015	Scott Mazer [REDACTED] Palm Springs, CA 92264-5912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ad Sales Director Family Powered Networks	\$250.00	\$250.00	

SUBTOTAL \$1,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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Schedule A
Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>55</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2015	Jack Newby ████████████████████ Palm Springs, CA 92264-4899	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Development Mizell Senior Center	\$100.00	\$100.00	
04/10/2015	Gloria Kapp ████████████████████ Palm Springs, CA 92262-8834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Aid Consultant Calif. State U., San Bernardino	\$150.00	\$150.00	
04/14/2015	Joseph McCormack ████████████████████ Palm Springs, CA 92264-0636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Recruiter WBB+McCormack	\$1,000.00	\$1,000.00	
05/18/2015	Linda Dixon ████████████████████ Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	

SUBTOTAL \$1,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>56</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/24/2015	Linda Heidinger [REDACTED] Palm Springs, CA 92264-8535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO LEH inc	\$250.00	\$500.00	
06/30/2015	Donald Grimm [REDACTED] Beaumont, CA 92223-7153	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Licensed Clinical Psychologist Donald W. Grimm, Ph.D.	\$100.00	\$100.00	
05/01/2015	David Vogel [REDACTED] Palm Springs, CA 92264-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$2,500.00	\$3,500.00	
03/05/2015	Geoff Kors [REDACTED] Palm Springs, CA 92262-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consultant Kors Williamson & Associates	\$500.00	\$500.00	

SUBTOTAL \$3,350.00

Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>57</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/07/2015	Adam B Cohen [REDACTED] Palm Springs, CA 92262-4223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Joshua Tree Sales of Palm Springs	\$100.00	\$100.00	
03/17/2015	Andreas Meyer [REDACTED] Orange, CA 92868-4022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney USC	\$150.00	\$150.00	
03/18/2015	Evan Wolfson [REDACTED] New York, NY 10011-8129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Freedom to Marry	\$500.00	\$500.00	
06/29/2015	Mark Leno [REDACTED] Sacramento, CA 95814-2821	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Senator California	\$500.00	\$500.00	

SUBTOTAL \$1,250.00

Schedule A Summary

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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 58 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/17/2015	Eileen Stern [REDACTED] Palm Springs, CA 92264-0202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Frank & Stern, Inc	\$100.00	\$100.00	
04/25/2015	Chuck Leachman [REDACTED] Palm Springs, CA 92262-4811	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Cengage Learning	\$250.00	\$250.00	
04/23/2015	Dick Taylor [REDACTED] Palm Springs, CA 92262-4716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
06/24/2015	Diana Barton [REDACTED] Palm Springs, CA 92262-8105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Greg Barton & Associates	\$250.00	\$350.00	

SUBTOTAL \$1,600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 59 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2015	Joan Sklar [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed None	\$100.00	\$100.00	
06/16/2015	Rafael Mandelman [REDACTED] San Francisco, CA 94110-3783	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney City of Oakland	\$100.00	\$100.00	
06/30/2015	Mark Anton [REDACTED] Palm Springs, CA 92262-4113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director/CEO AIDS Assistance Project	\$1,250.00	\$1,250.00	
06/29/2015	Jeff Haber [REDACTED] Los Angeles, CA 90071-2228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Paul Hastings LLP	\$250.00	\$250.00	

SUBTOTAL \$1,700.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
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3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2015</u> through <u>6/30/2015</u>	
Page <u>60</u> of <u>92</u>	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/01/2015	John Paschal [REDACTED] Palm Springs, CA 92264-8630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Eight4Nine Restaurant & Lounge	\$100.00	\$100.00	
06/19/2015	Mariah Hanson [REDACTED] Sonoma, CA 95476-8981	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO MT Productions, Inc	\$500.00	\$500.00	
06/30/2015	Antonio Ceballos [REDACTED] Palm Springs, CA 92263-4854	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cleaning KDN Homes	\$100.00	\$100.00	
06/21/2015	Jim Patrick [REDACTED] Palm Springs, CA 92264-8532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$150.00	

SUBTOTAL \$750.00

Schedule A Summary

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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>61</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/29/2015	Don Cecil [REDACTED] San Francisco, CA 94158-1683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Don Cecil	\$250.00	\$250.00	
06/01/2015	Dana Adkins [REDACTED] Palm Springs, CA 92264-7803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Host/entertainer Dana Adkins	\$100.00	\$100.00	
03/18/2015	Xavier Barrera [REDACTED] San Francisco, CA 94105-4415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Banker Technology Credit Union	\$250.00	\$250.00	
04/05/2015	Thomas Watson [REDACTED] Los Angeles, CA 90046-1239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney McKool Smith, PC	\$250.00	\$250.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
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to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2015
through 6/30/2015

CALIFORNIA FORM 460
Page 62 of 92

NAME OF FILER
Geoff Kors for City Council 2015

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04/29/2015	Scott Weston [REDACTED] Highland, IN 46322-3412	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Consultant Scott Weston	\$100.00	\$100.00	
03/13/2015	James Williamson [REDACTED] Palm Springs, CA 92262-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consulatnt Kors Williamson & Associates	\$10,000.00	\$12,243.80	
06/08/2015	Richard Colbert [REDACTED] West Hollywood, CA 90046-4912	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive PPI Releasing LLC	\$100.00	\$350.00	
03/28/2015	Douglas Morton [REDACTED] Palm Springs, CA 92262-2439	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Temple Isaiah Jewish Community Center of Palm Springs	\$50.00	\$100.00	

SUBTOTAL \$10,250.00

Schedule A Summary

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(Include all Schedule A subtotals.)..... \$144,120.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>63</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2015	Timothy Wood [REDACTED] Palm Springs, CA 92262-6231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Vice President Travelers Insurance	\$240.00	\$240.00	
04/30/2015	Chuck Steinman [REDACTED] Palm Springs, CA 92264-9078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
04/29/2015	Willie Rhine [REDACTED] Palm Springs, CA 92262-6555	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Lulu	\$250.00	\$250.00	
06/19/2015	Gary Johns [REDACTED] Palm Springs, CA 92264-0440	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Paul Kaplan	\$100.00	\$100.00	

SUBTOTAL \$690.00

Schedule A Summary

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Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>64</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/13/2015	Barry Dayton [REDACTED] Palm Springs, CA 92262-3059	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Director Desert AIDS Project	\$100.00	\$100.00	
03/19/2015	Michael Lurey [REDACTED] Pacific Palisades, CA 90272-1951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$2,500.00	\$2,500.00	
04/16/2015	Chris Caldwell [REDACTED] Los Angeles, CA 90028-5337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Caldwell Leslie & Proctor, PC	\$500.00	\$500.00	
04/13/2015	Lea Goodsell [REDACTED] Palm Desert, CA 92211-9094	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Development/Marketi ng Renova Solar	\$250.00	\$250.00	

SUBTOTAL \$3,350.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2015
through 6/30/2015

CALIFORNIA FORM 460
Page 65 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/16/2015	Bond Shands [REDACTED] Palm Springs, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$500.00	\$500.00	
03/21/2015	Lester Olmstead-Rose [REDACTED] San Francisco, CA 94115-4076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Consultant La Piana Consulting	\$500.00	\$500.00	
04/03/2015	Keith Kincaid [REDACTED] Palm Springs, CA 92264-9409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$200.00	
05/07/2015	David Brinkman [REDACTED] Palm Springs, CA 92262-3701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Desert AIDS Project	\$500.00	\$500.00	

SUBTOTAL \$1,600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
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**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015 through 6/30/2015	
Page 66 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2015	Leo Cohen [REDACTED] Palm Springs, CA 92262-4160	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$250.00	\$250.00	
04/15/2015	Lance Jeffcoat [REDACTED] Los Angeles, CA 90069-1721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Travel Agent Travelbylance.com	\$100.00	\$100.00	
04/29/2015	Jim Gross [REDACTED] Palm Springs, CA 92262-3599	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
05/01/2015	Elle Kurpiewski [REDACTED] Rancho Mirage, CA 92270-1223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$50.00	\$100.00	

SUBTOTAL \$500.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>67</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2015	Jim Carroll [REDACTED] San Francisco, CA 94114-2526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Common Sense Media	\$100.00	\$501.34	
06/30/2015	Lisa Middleton [REDACTED] Palm Springs, CA 92263-5535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
06/26/2015	Harold Matzner [REDACTED] Palm Springs, CA 92262-7225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman, CEO Harold Matzner	\$5,000.00	\$5,000.00	
03/17/2015	Lorri Jean [REDACTED] Los Angeles, CA 90028-7702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Los Angeles LGBT Center	\$100.00	\$100.00	

SUBTOTAL \$5,300.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>68</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/27/2015	David Vogel [REDACTED] Palm Springs, CA 92264-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$3,500.00	
05/01/2015	Diana Barton [REDACTED] Palm Springs, CA 92262-6105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Greg Barton & Associates	\$100.00	\$350.00	
06/29/2015	John O'Connor [REDACTED] Los Angeles, CA 90031-1431	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Health Management Associates	\$500.00	\$500.00	
05/01/2015	Betty Yee [REDACTED] Alameda, CA 94501-2642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Controller State of California	\$500.00	\$500.00	

SUBTOTAL \$2,100.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

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(other than PTY or SCC)
OTH- Other (a.g., business entity)
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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460
	Page <u>69</u> of <u>92</u>

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/13/2015	Douglas Donenfeld [REDACTED] Palm Springs, CA 92262-4290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00	\$1,000.00	
05/15/2015	Michael Colbruno [REDACTED] Oakland, CA 94610-1314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Milo Group of California	\$250.00	\$250.00	
04/03/2015	Kathy Levinson [REDACTED] Los Altos, CA 94022-2750	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advisor to Start Ups Kathy Levinson	\$500.00	\$500.00	
04/25/2015	Chad Gardner [REDACTED] Palm Springs, CA 92264-6808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hospitality Dash and a Handful Inc	\$500.00	\$1,000.00	

SUBTOTAL \$2,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$144,120.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$3,223.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$147,343.00

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2015</u> through <u>6/30/2015</u>	CALIFORNIA FORM 460 Page <u>70</u> of <u>92</u>
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NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/30/2015	Ralph Alberto [REDACTED] Palm Springs, CA 92262-5863	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA RCPA Financial	\$100.00	\$100.00	
06/22/2015	Jim Abbott [REDACTED] San Diego, CA 92120-3829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Consultant Carrington RES, LLC	\$500.00	\$500.00	
06/03/2015	Steven Henke [REDACTED] Palm Springs, CA 92262-6579	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Manager The Desert Sun	\$250.00	\$250.00	

SUBTOTAL \$850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$144,120.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$3,223.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$147,343.00

*Contributor Codes
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(other than PTY or SCC)
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PTY- Political Party
SCC- Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 71 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/28/2015	Jim Carroll [REDACTED] San Francisco, CA 94114-2526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Common Sense Media	Supplies for event	\$344.34	\$501.34	
06/30/2015	James Williamson [REDACTED] Palm Springs, CA 92262-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consultant Kors Williamson & Associates	Digital ads	\$40.00	\$12,243.80	
06/30/2015	James Williamson [REDACTED] Palm Springs, CA 92262-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consultant Kors Williamson & Associates	Food and beverage for campaign event	\$1,815.00	\$12,243.80	

SUBTOTAL \$2,199.34

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$3,545.14

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$3,545.14

*Contributor Codes
IND- Individual
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OTH- Other (e.g., business entity)
PTY- Political Party
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FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 72 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/07/2015	Kerstin Pollack ██████████ Palm Springs, CA 92264-4967	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Curator of Art Reginald Pollack Fine Art	2 Paintings	\$900.00	\$950.00	
06/30/2015	James Williamson ██████████ Palm Springs, CA 92262-4283	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Strategic Consultant Kors Williamson & Associates	Office supplies and stationary	\$388.80	\$12,243.80	
06/28/2015	Jim Carroll ██████████ San Francisco, CA 94114-2526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Common Sense Media	Supplies for event	\$57.00	\$501.34	

SUBTOTAL \$1,345.80

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$3,545.14

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$3,545.14

*Contributor Codes
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(other than PTY or SCC)
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FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
		Page 73 of 92

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Campaign Coordinator	\$838.13
Subvendor: Karalee C Hargrove 6988 El Sol Ave Twentynine Palms, CA 92277-2921 \$685.87	OFC	Memo: \$685.87 Salary - Campaign Coordinator	\$0.00
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.26	OFC	Memo: \$119.26 Fedearl payroll taxes	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$838.13

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA		FORM 460
from	1/1/2015	Page	74 of 92	
through	6/30/2015			

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	OFC	Memo: \$33.00 CA state payroll taxes	\$0.00
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	LIT	Branding, graphics & social media set-up/website development	\$1,137.50
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT	1000 4.25x6 Postcards #15-2087	\$256.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$1,393.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL	\$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	75 of 92
through	6/30/2015		

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Karalee C Hargrove 6988 El Sol Ave Twentynine Palms, CA 92277-2921	FND	Fundraising event exp reimbursement - below if itemized	\$59.07
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$476.57
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Payroll - Campaign Coordinator	\$838.13

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$1,373.77

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL	\$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	76 of 92
through	6/30/2015		

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LFT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Karalee C Hargrove 6988 El Sol Ave Twentynine Palms, CA 92277-2921 \$685.87	SAL	Memo: \$685.87 Salary - Campaign Coordinator	\$0.00
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.26	SAL	Memo: \$119.26 Federal payroll taxes	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	SAL	Memo: \$33.00 CA state payroll taxes	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 77 of 92	

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT	1000 business cards (inv no 15-1390) & 1000 remits (inv no 15-1395)	\$445.68
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Campaign Coordinator	\$838.13
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.26	SAL	Memo: \$119.26 Federal payroll taxes	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$1,283.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	78 of 92
through	6/30/2015		

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Karalee C Hargrove [REDACTED] Twentynine Palms, CA 92277-2921 \$685.87	SAL	Memo: \$685.87 Salary - Campaign Coordinator	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	SAL	Memo: \$33.00 CA state payroll taxes	\$0.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Campaign Coordinator	\$838.13
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$838.13

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 79 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.26	SAL	Memo: \$119.26 Federal payroll taxes	\$0.00
Subvendor: Karalee C Hargrove [REDACTED] Twentynine Palms, CA 92277-2921 \$685.87	SAL	Memo: \$685.87 Salary - Campaign Coordinator	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	SAL	Memo: \$33.00 CA state payroll taxes	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	80 of 92
through	6/30/2015		

NAME OF FILER: Geoff Kors for City Council 2015
I.D. NUMBER: 1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fees	\$31.97
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$473.45
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fee	\$131.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$637.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 81 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Bennett [REDACTED] Palm Springs, CA 92264-5121	FND	Reimburse host for house cleaning expenses relating to hosting fundraising event	\$125.00
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	\$8.20
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fees	\$31.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$165.17

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2015	
through 6/30/2015	
Page 82 of 92	

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lynn Hammond [REDACTED] Palm Springs, CA 92264-1623	FND	Catering costs for fundraising event	\$1,692.50
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fees	\$31.97
Jewish Community Center 332 W Alejo Rd Palm Springs, CA 92262-5606	MTG	Rent of space for Town Hall Part I	\$212.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,936.47

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 83 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$112.01
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fees	\$31.97
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	LIT	Marketing projects	\$925.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,068.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
		Page 84 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	\$95.78
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	LIT	Webhosting (Bluehost)	\$59.40
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fees	\$31.97
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$187.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
Page 85 of 92		I.D. NUMBER 1376802

NAME OF FILER
Geoff Kors for City Council 2015

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669	WEB	Credit Card Payment - Itemized below	\$2,212.50
Subvendor: Facebook Inc. 1 Hacker Way Menlo Park, CA 94025-1456 \$114.71	WEB	Memo: \$114.71 Internet posting	\$0.00
Subvendor: NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006 \$1,600.00	WEB	Memo: \$1600.00 Database and email	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$2,212.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
		Page 86 of 92

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006 \$600.00	WEB	Memo: \$600.00 Database and email	\$0.00
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$498.01
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$5.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL	\$503.11
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Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$18,861.77
2. Unitemized payments made this period of under \$100.	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	87 of 92
through	6/30/2015		

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Desert Sun Media Group 750 N Gene Autry Trl Palm Springs, CA 92262-5463	PRT	Advertising in Desert Sun	\$3,000.00
Leslie Barclay [REDACTED] Union City, CA 94587-2033	FND	Beverages for fundraising event	\$297.84
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Campaign Coordinator	\$838.13
SUBTOTAL			\$4,135.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	88 of 92
through	6/30/2015		

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Karalee C Hargrove ██████████ Twentynine Palms, CA 92277-2921 \$685.87	SAL	Memo: \$685.87 Salary - Campaign Coordinator	\$0.00
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.26	SAL	Memo: \$119.26 Federal payroll taxes	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	SAL	Memo: \$33.00 CA state payroll taxes	\$0.00
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	Page 89 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant Services	\$301.56
First Data Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	\$695.57
David A. Lee Photography 2101 N Blando Rd Palm Springs, CA 92262-3317	LIT	Photography/candidate headshots for website & other media	\$350.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,347.13

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2015	
through	6/30/2015	
		Page 90 of 92

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Williamson [REDACTED] Palm Springs, CA 92262-4283	OFC	Reimbursement for stamps	\$102.00
Subvendor: United States Post Office Amado Road Palm Springs, CA 92263 \$102.00		Memo: \$102.00 Reimbursement for stamps	\$0.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Campaign Coordinator	\$838.17

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$940.17

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$18,861.77
2. Unitemized payments made this period of under \$100	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$19,031.15

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	91 of 92
through	6/30/2015		

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Karalee C Hargrove [REDACTED] Twentynine Palms, CA 92277-2921 \$685.88	SAL	Memo: \$685.88 Salary - Campaign Coordinator	\$0.00
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$119.25	SAL	Memo: \$119.25 Federal payroll taxes	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$33.00	SAL	Memo: \$33.00 CA state payroll taxes	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$18,861.77
2. Unitemized payments made this period of under \$100.....	\$169.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$19,031.15

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2015	Page	92 of 92
through	6/30/2015		

NAME OF FILER Geoff Kors for City Council 2015	I.D. NUMBER 1376802
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	WEB, Website edits and updates	\$0.00	\$262.50	\$0.00	\$262.50

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$262.50	\$0.00	\$262.50
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Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	INCURRED TOTALS	\$262.50
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$262.50
		(May be a negative number)