

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

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COVER PAGE

RECEIVED
CITY OF PALM SPRINGS
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CALIFORNIA
2001/02
FORM
460

Page 1 of 27
For Official Use Only

Statement covers period
from 9/20/2015
through 10/17/2015

Date of election if applicable:
(Month, Day, Year)
11/3/2015

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
- Primary Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primary 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 92262

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 the foregoing is true and correct.

Executed on 10/22/2015 By [Signature]
Executed on 10/22/2015 By [Signature]
Executed on _____ By _____
Executed on _____ By _____

By [Signature]
By [Signature]
By _____
By _____

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline:
866/ASK-FPPC
(866/276-3772)
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
FORM 460**

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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

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 9/20/2015	
through 10/17/2015	
Page 3 of 27	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	\$20,085.00	\$214,018.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$20,085.00	\$214,018.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$7,450.00	\$17,591.14
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3+4	\$27,535.00	\$231,609.14

**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	\$70,285.24	\$106,855.66
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6+7	\$70,285.24	\$106,855.66
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$22,805.21	\$38,701.82
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$7,450.00	\$17,591.14
11. TOTAL EXPENDITURES MADE..... Add Lines 8+9+10	\$100,540.45	\$163,148.62

**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	\$157,150.58
13. Cash Receipts..... Column A, Line 3 above	\$20,085.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$70,285.24
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$106,950.34
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	\$38,701.82

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>27</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)
10/07/2015	Jacqueline (Jackie) Evelyn Autry [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 Investor Jacqueline Autry	\$2,500.00	\$5,000.00	
10/14/2015	Jacqueline (Jackie) Evelyn Autry [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 Investor Jacqueline Autry	\$2,500.00	\$5,000.00	
09/30/2015	Daniel P Barber [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	\$150.00	\$250.00	
10/03/2015	Carolyn Caldwell [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	Executive Desert Regional Medical Center	\$100.00	\$100.00	

SUBTOTAL \$5,250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$19,635.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$450.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$20,085.00

*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.
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to whole dollars.

SCHEDULE A

Statement covers period
from 9/20/2015
through 10/17/2015

CALIFORNIA FORM 460
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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)
10/13/2015	Coachella-Imperial Valleys Strategies 75100 Mediterranean Palm Desert, CA 92211-9069 ID: 1351123	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/15/2015	Peggy Cravens [REDACTED] Rancho Mirage, CA 92270	<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	
10/03/2015	Mike Cullen [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	Commercial Real Estate Agent Walsh Financial Services	\$250.00	\$250.00	
09/30/2015	Dead Or Alive, LLC 150 E Palm Canyon Dr Palm Springs, CA 92264-8822	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	

SUBTOTAL \$1,650.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

*Contributor Codes
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 from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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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)
09/21/2015	Destination PSP 170 N Palm Canyon Dr Palm Springs, CA 92262-5504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$35.00	\$135.00	
10/17/2015	Robert Dickinson [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	Lighting Designer Full Flood, Inc.	\$500.00	\$500.00	
09/25/2015	Elena Bulatova Fine Art LLC 2652 S Cherokee Way Palm Springs, CA 92264-5605	<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	
10/04/2015	Raymond Bert Gregory Palm Springs,	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Sheriff County of Riverside	\$100.00	\$100.00	

SUBTOTAL \$1,135.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

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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>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>27</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)
10/08/2015	Beth Harris [REDACTED] Boston, MA 02115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Beth Harris	\$1,000.00	\$1,000.00	
10/10/2015	Sandra G Hodges [REDACTED] Palm Springs, CA 92262-5832	<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	
09/21/2015	International Brotherhood of Labor, Locoal Union 440 1405 Spruce Atreet, Ste G Riverside, CA 92507	<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	
10/05/2015	Ken Irwins [REDACTED] Palm Springs, CA 92262-6104	<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	

SUBTOTAL \$1,950.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$19,635.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$450.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$20,085.00

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SCC- Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
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SCHEDULE A

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>27</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)
09/25/2015	Michael Kassinger [REDACTED] Palm Desert, CA 92211-9266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	\$1,000.00	\$1,000.00	
10/15/2015	Jeff Keane [REDACTED] Palm Springs, CA 92262-8816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kramer, DeBoer & Keane, LP	\$250.00	\$250.00	
09/21/2015	Michael Marler [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	Business Manager Full Flood, Inc.	\$500.00	\$500.00	
09/26/2015	Michael Andrew Miner [REDACTED] Palm Springs, CA 92262-2390	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fundraiser Palm Springs Art Museum	\$100.00	\$100.00	

SUBTOTAL \$1,850.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

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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 9/20/2015	
through 10/17/2015	
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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)
09/28/2015	John Monahan ██████████ 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	Owner The Five Hundred	\$250.00	\$250.00	
10/08/2015	Tyler Morgan ██████████ 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	Sales Tyler Morgan	\$500.00	\$500.00	
09/24/2015	Richard James O'Linn ██████████ 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	Founder O'Linn Security, Inc	\$500.00	\$650.00	
09/30/2015	Richard James O'Linn ██████████ 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	Founder O'Linn Security, Inc	\$150.00	\$650.00	

SUBTOTAL \$1,400.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

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**Schedule A
Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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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)
09/25/2015	Scott R 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	\$500.00	
10/09/2015	Palm Springs Modern Heritage Fund PO Box 4758 Palm Springs, CA 92263-4758	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
09/27/2015	Robert Parrott [REDACTED] Palm Springs, CA 92262-5708	<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	
10/05/2015	Sarah Ries [REDACTED] Waverly, SD 57201-3538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager EY	\$100.00	\$100.00	

SUBTOTAL \$2,450.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

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PTY- Political Party
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**Schedule A
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>11</u> of <u>27</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)
09/25/2015	Riverside County Democratic Central Committee 11333 Lakeport Dr Riverside, CA 92505-3470	<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	
10/10/2015	Alex Roldan [REDACTED] Beverly Hills, CA 90213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Alex Roldan Salon	\$250.00	\$250.00	
09/23/2015	Jacqueline Ann-Marie Thomas 2295 S Alhambra Dr Palm Springs, CA 92264-9401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor/Developer Thomboy Properties, Inc	\$250.00	\$250.00	
09/21/2015	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	\$150.00	\$350.00	

SUBTOTAL \$900.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

*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>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>27</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)
10/13/2015	Jeffrey Towns [REDACTED] GardenaGardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Jeffrey Towns	\$1,000.00	\$1,000.00	
09/25/2015	Sven Vennen [REDACTED] Palm Springs, CA 92262-6475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Windemere Real Estate	\$500.00	\$500.00	
09/30/2015	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	\$50.00	\$250.00	
10/05/2015	Jonathan Wasser [REDACTED] Palm Springs, CA 92262-6784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Chill Bar and Fox Properties	\$500.00	\$500.00	

SUBTOTAL \$2,050.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

*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>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>13</u> of <u>27</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)
10/17/2015	Thomas Watson [REDACTED] Los Angeles, CA 90046	<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	\$100.00	\$350.00	
10/01/2015	Stephen Eugene White [REDACTED] Palm Springs, CA 92264-5879	<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	
09/25/2015	Joseph J Wild, II [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	\$100.00	\$100.00	
10/10/2015	Gregory Willenborg [REDACTED] West Hollywood, CA 90046-5206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Willenborg	\$500.00	\$500.00	

SUBTOTAL \$750.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

*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>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>27</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)
10/10/2015	Chet C Zilionis [REDACTED] Rancho Mirage, CA 92270-4217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Allura Graphics	\$250.00	\$250.00	

SUBTOTAL \$250.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.).....	\$19,635.00
2. Amount received this period -unitemized monetary contributions of less than \$100.....	\$450.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.).....	TOTAL \$20,085.00

*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 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 9/20/2015	
through 10/17/2015	
Page 15 of 27	

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)
10/08/2015	Levvy R Carriker [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	Publisher Levvy Carriker	Full page ads (2) in LIVE magazine	\$1,250.00	\$1,250.00	
09/22/2015	Frederick W. Noble and Affiliated Entities 2045 E Tahquitz Canyon Way Palm Springs, CA 92262-7003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Survey results	\$1,600.00	\$2,050.00	
09/21/2015	Hilton Palm Springs 400 E Tahquitz Canyon Way Palm Springs, CA 92262-6605	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Room rental for Town Hall + suppy of audio visual	\$1,005.00	\$1,005.00	

SUBTOTAL \$3,855.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$7,450.00

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** \$7,450.00

*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

FPPC Form 460 (January/05)

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 from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>27</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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2015	David Clark 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	Catering for event	\$2,095.00	\$7,095.00	
09/28/2015	Mr Lyons Steakhouse 233 E Palm Canyon Dr Palm Springs, CA 92264-8823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Catering for an event	\$1,500.00	\$1,500.00	

SUBTOTAL \$3,595.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$7,450.00

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** \$7,450.00

*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

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 from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>17</u> of <u>27</u>

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
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	CMP	Marketing and graphic design services	\$400.00
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669	OFC	Credit card payment - itemized below	\$6,756.27
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	\$57.01
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$7,213.28

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 <u>9/20/2015</u>	Page <u>18</u> of <u>27</u>	
through <u>10/17/2015</u>		

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 Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC		Merchant services	\$45.62
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC		Merchant services	\$23.10
KDN Homes, Inc 1041 Market St # 203 San Diego, CA 92101-7233	OFC		Cleaning campaign office	\$220.00
			SUBTOTAL	\$288.72

* 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.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 9/20/2015	
through 10/17/2015	
Page 19 of 27	

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 - Field Director	\$1,676.25
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$404.91	SAL	Memo: \$404.91 Payroll - Federal taxes	\$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$102.10	SAL	Memo: \$102.10 Payroll - State taxes	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$1,676.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 <u>9/20/2015</u>	Page <u>20</u> of <u>27</u>
through <u>10/17/2015</u>	

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 |
| FL 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: Jacob Daruvala 2300 Vista Ridge Circle Norco, CA 92860 \$1,169.24	SAL	Memo: \$1169.24 Salary - Field Director	\$0.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fee	\$31.97
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Payroll - Field Staff	\$1,173.38

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

SUBTOTAL \$1,205.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 9/20/2015	
through 10/17/2015	
Page 21 of 27	

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: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$59.74	SAL	Memo: \$59.74 Payroll - State taxes	\$0.00
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$265.87	SAL	Memo: \$265.87 Payroll - Federal taxes	\$0.00
Subvendor: Cody Hines 2300 Vista Ridge Cir Norco, CA 92860-3734 \$847.77	SAL	Memo: \$847.77 Payroll - Field Staff	\$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.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 9/20/2015	
through 10/17/2015	
Page 22 of 27	

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	OFC	Payroll processing fee	\$1.99
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Field staff	\$3,285.45
Subvendor: Internal Revenue Service 2525 Capitol St Fresno, CA 93721-2227 \$791.28	SAL	Memo: \$791.28 Payroll - Federal taxes	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$3,287.44

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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	9/20/2015	Page	23 of 27
through	10/17/2015		

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: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 \$197.60	SAL	Memo: \$197.60 Payroll - State taxes	\$0.00
Subvendor: Jacob Daruvala 2300 Vista Ridge Circle Norco, CA 92860 \$1,169.24	SAL	Memo: \$1169.24 Salary - Field Director	\$0.00
Subvendor: Cody Hines 2300 Vista Ridge Cir Norco, CA 92860-3734 \$1,127.33	SAL	Memo: \$1127.33 Payroll - Field staff	\$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.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 9/20/2015	
through 10/17/2015	
Page 24 of 27	

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	OFC	Payroll processing fee	\$33.96
Screen Strategies Media 15409 Whitechapel Ct Centreville, VA 20120-3944	TEL	TC/Cable airtime purchase	\$28,884.00
Screen Strategies Media 15409 Whitechapel Ct Centreville, VA 20120-3944	TEL	TV/Cable airtime purchase	\$22,709.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$51,626.96

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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 9/20/2015	
through 10/17/2015	
Page 25 of 27	

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
Southern California Edison PO Box 600 Rosemead, CA 91770-0600	OFC	Utilities	\$892.24
Trick Dog Films 2232 N Palermo Dr Palm Springs, CA 92262-2736	TEL	Webspot and tv ad production	\$4,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$4,892.24

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$70,190.24
2. Unitemized payments made this period of under \$100.....	\$95.00
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 \$70,285.24

**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	9/20/2015	
through	10/17/2015	Page 26 of 27

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
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669	CMP, Outstanding credit card charges	\$6,756.27	\$0.00	\$6,756.27	\$0.00
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669	LIT, Credit card debt	\$0.00	\$24,420.81	\$0.00	\$24,420.81
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT, Mailing services	\$9,140.34	\$0.00	\$0.00	\$9,140.34

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$15,896.61	\$24,420.81	\$6,756.27	\$33,561.15
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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	\$29,561.48
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	\$6,756.27
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	\$22,805.21 <small>(May be a negative number)</small>

**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 <u>9/20/2015</u>		
through <u>10/17/2015</u>		Page <u>27</u> of <u>27</u>

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 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
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT, Campaign mailer	\$0.00	\$5,140.67	\$0.00	\$5,140.67

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

SUBTOTALS	\$0.00	\$5,140.67	\$0.00	\$5,140.67
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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	<u>\$29,561.48</u>
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	<u>\$6,756.27</u>
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	<u>\$22,805.21</u> <small>(May be a negative number)</small>