Recipient Committee Campaign Statement Cover Page

(Goverment Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 38

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 10/18/2015	
through 12/31/2015	

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

- [x] 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)
- [x] 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): [redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	[redacted]

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	[redacted]

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

Treasurer(s)

NAME OF TREASURER: James Williamson

MAILING ADDRESS: [redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY: Steven Mele

MAILING ADDRESS: [redacted]

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 Califo[redacted]

Executed on Feb 1, 2016 (DATE) By [redacted]

Executed on (DATE) By [redacted] RESPONSIBLE OFFICER OF PROPONENT

Executed on (DATE) By (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on (DATE) By (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Recipient Committee Campaign Statement Cover Page-Part 2

Type or print in ink

COVER PAGE-PART 2

CALIFORNIA FORM **460**

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? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHLOLDER, 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	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

Contributions Received

		Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$5,800.00	$219,918.00
2. Loans Received	Schedule B, Line 3	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1+ 2	$5,800.00	$219,918.00
4. Nonmonetary Contributions	Schedule C, Line 3	$1,564.80	$19,155.94
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$7,364.80	$239,073.94

Expenditures Made

6. Payments Made	Schedule E, Line 4	$82,234.85	$189,090.51
7. Loans Made	Schedule H, Line 3	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$82,234.85	$189,090.51
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-$37,201.82	$1,500.00
10. Nonmonetary Adjustment	Schedule C, Line 3	$1,564.80	$19,155.94
11. TOTAL EXPENDITURES MADE	Add Lines 8 +9 + 10	$46,597.83	$209,746.45

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$106,950.34
13. Cash Receipts	Column A, Line 3 above	$5,800.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$3,930.08
15. Cash Payments	Column A, Line 8 above	$82,234.85
16. **ENDING CASH BALANCE**...Add Lines 12+13+14, then subtract Line 15		$34,445.57

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).

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	$1,500.00

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		

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

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
10/27/2015	Bruce Bloch [redacted] Palm Springs, CA 92264-5740	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Jakes Palm Springs	$500.00	$500.00	
12/09/2015	Building Industry Association of Southern California PAC 515 S Figueroa St Ste 1110 Los Angeles, CA 90071-3314 ID: 741733	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00	$1,000.00	
11/04/2015	California Real Estate PAC 525 S Virgil Ave Los Angeles, CA 90020-1403 ID: 890106	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00	$1,000.00	
10/19/2015	Michael Flannery [redacted] Palm Springs, CA 92263	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Home Builder Solterra Builders	$500.00	$500.00	

SUBTOTAL $3,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $5,800.00
2. Amount received this period -unitemized monetary contributions of less than $100 ..... $0.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $5,800.00

*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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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
11/02/2015	Jeff Freitas [redacted] Sacramento, CA 95814-3617	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Secretary Treasurer CA Federation of Teachers	$150.00	$150.00	
10/19/2015	Mark Alan Hawk [redacted] Palm Springs, CA 92262-8811	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	$125.00	$125.00	
10/23/2015	Honor PAC 1427 Lincoln Blvd Ste E Santa Monica, CA 90401-2771 ID: 1278587	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$1,000.00	$1,000.00	
10/19/2015	Gary Levinson [redacted] Palm Springs, CA 92262-7931	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor Gary A Levinson MD	$100.00	$100.00	
			SUBTOTAL	$1,375.00		

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $5,800.00
2. Amount received this period -unitemized monetary contributions of less than $100 ..... $0.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $5,800.00

*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.

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
10/19/2015	David Webster Liggett [redacted] Palm Springs, CA 92262-8811	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	$125.00	$125.00	
10/31/2015	Byron Lohman [redacted] Palm Springs, CA 92262-6526	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Sales Self-employed	$100.00	$100.00	
10/19/2015	Edward J Marteka [redacted] Palm Springs, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Sales Windemere Real Estate	$100.00	$100.00	
10/23/2015	Palm Springs Professional Firefighters, Fire Management Unit 255 N El Cielo Rd Palm Springs, CA 92262-6992	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	
			SUBTOTAL	$825.00		

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
(Include all Schedule A subtotals.) $5,800.00
2. Amount received this period -unitemized monetary contributions of less than $100 ..... $0.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $5,800.00

*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.

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
10/23/2015	Palm Springs Professional Firefighters, Fire Safety Unit 255 N El Cielo Rd # 281 Palm Springs, CA 92262-6992	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	
10/25/2015	Joy Silver [redacted] Rancho Mirage, CA 92270-2108	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal Silver Senior Living	$100.00	$100.00	

SUBTOTAL $600.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.
   (Include all Schedule A subtotals.) $5,800.00
2. Amount received this period -unitemized monetary contributions of less than $100 ..... $0.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.) ..... **TOTAL** $5,800.00

*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.

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
10/27/2015	Chill Bar 217 E Arenas Road Palm Springs, CA 92262	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Event - cost of open bar	$300.00	$300.00	
10/31/2015	Desert Stonewall Democrats PO Box 4536 Palm Springs, CA 92263-4536 ID: 1220539	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		Mailer to lgbt households	$764.80	$1,264.80	
10/31/2015	Equality California 202 W 1st St Ste 3-0130 Los Angeles, CA 90012-4299	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Mailer to lgbt voters	$250.00	$250.00	
				SUBTOTAL	$1,314.80		

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) $1,564.80
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** $1,564.80

*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.
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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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)
10/31/2015	Victory Fund 1133 15th Street NW, Suite 350 Washington Dc,	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Mailer to lgbt voters	$250.00	$250.00	

SUBTOTAL $250.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) $1,564.80
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 $1,564.80

*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 E
Payments Made

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
Charles J Andrew [redacted] Los Angeles, CA 90032-2663	LIT	Doorhanger distribution & collection	$100.00
Brighthaus Marketing LLC 125 E Tahquitz Canyon Way Ste 203 Palm Springs, CA 92262-6464	CMP	Marketing and graphic design services	$968.80
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669		Credit card payment	$24,420.81

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

SUBTOTAL $25,489.61

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $82,174.85
2. Unitemized payments made this period of under $100 ..... $60.00
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 $82,234.85

Schedule E
Payments Made

Type or print in ink.
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Statement covers period
from 10/18/2015
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CALIFORNIA FORM 460

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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: Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661 $14,773.19	LIT	Memo: $14773.19 Candidate mailings	$0.00
Subvendor: NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006 $150.00	WEB	Memo: $150.00 Databse and Email	$0.00
Subvendor: Facebook Inc. 1 Hacker Way Menlo Park, CA 94025-1456 $22.10	WEB	Memo: $22.10 Internet advertising	$0.00

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

SUBTOTAL $0.00

Schedule E Summary

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2. Unitemized payments made this period of under $100 ..... $60.00
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** $82,234.85

Schedule E
Payments Made

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CMP campaign paraphernalia/misc.
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CVC civic donations
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FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
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POL polling and survey research
POS postage, delivery and messenger services
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RFD returned contributions
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TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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: Zippity Print, LLC 5201 S Harrah Rd 5201 S Harrah Road Newalla, OK 74857-6501 $90.22	CMP	Memo: $90.22 Campaign fliterature	$0.00
Subvendor: Zippity Print, LLC 5201 S Harrah Rd 5201 S Harrah Road Newalla, OK 74857-6501 $280.00	CMP	Memo: $280.00 Campaign literature	$0.00
Subvendor: Lowe's Home Improvement 5201 E Ramon Rd Palm Springs, CA 92264-3600 $280.36	CMP	Memo: $280.36 Lawn signs	$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.) $82,174.85
2. Unitemized payments made this period of under $100 ..... $60.00
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 $82,234.85

Schedule E
Payments Made

Type or print in ink.
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CMP campaign paraphernalia/misc.
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MTG meetings and appearances
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POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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: Ralph's 425 S Sunrise Way Ste A Palm Springs, CA 92262-7664 $125.58	TRS	Memo: $125.58 Food for volunteers	$0.00
Subvendor: Signrocket.com 340 Broadway Ave St Paul Park, MN 55071-1840 $679.00	MTG	Memo: $679.00 Campaign signs	$0.00
Subvendor: Amazon 410 Terry Ave N Seattle, WA 98109-5210 $67.68	OFC	Memo: $67.68 Computer hardware for campaign office	$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.) $82,174.85
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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $82,234.85

Schedule E
Payments Made

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
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FND fundraising events
IND independent expenditure
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Amazon 410 Terry Ave N Seattle, WA 98109-5210 $171.75	OFC	Memo: $171.75 Computer hardware	$0.00
Subvendor: Campaign Comm Solutions 121 S Palm Canyon Dr Palm Springs, CA 92262-6338 $6,557.92	CMP	Memo: $6557.92 Robocalls	$0.00
Subvendor: LAN Airlines 1960 E Grand Ave El Segundo, CA 90245-5099 $898.14	TRS	Memo: $898.14 Airfare in lieu of consulting fee	$0.00

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SUBTOTAL $0.00

Schedule E Summary

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Mizell Senior center Sunrise Way Palm Springs, CA 92264 $275.00	MTG	Memo: $275.00 Fee for booth	$0.00
Citibusiness Card 1500 Boltonfield St Columbus, OH 43228-3669		Credit card payment	$17,026.15
Subvendor: NGP VAN 1101 15th St NW Ste 500 Washington, DC 20005-5006 $150.00	WEB	Memo: $150.00 Computer software	$0.00

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SUBTOTAL $17,026.15

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Subvendor: Facebook Inc. 1 Hacker Way Menlo Park, CA 94025-1456 $707.88	WEB	Memo: $707.88 Internet advertising	$0.00
Subvendor: Time Warner Cable PO Box 60074 City Of Industry, CA 91716-0074 $236.94	WEB	Memo: $236.94 Internet for campaign office	$0.00
Subvendor: Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661 $11,830.86	LIT	Memo: $11830.86 Candidate mailings	$0.00

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Subvendor: Amazon 410 Terry Ave N Seattle, WA 98109-5210 $229.70	CMP	Memo: $229.70 Lablels	$0.00
Subvendor: Lulu California Bistro 200 S Palm Canyon Dr Palm Springs, CA 92262-6312 $1,741.50	TRS	Memo: $1741.50 Food for volunteers	$0.00
Subvendor: Ralph's 425 S Sunrise Way Ste A Palm Springs, CA 92262-7664 $204.93	TRS	Memo: $204.93 Food for volunteers	$0.00

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SUBTOTAL $0.00

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Subvendor: Staples 5001 E Ramon Rd Bldg 3 Palm Springs, CA 92264-1554 $129.65	OFC	Memo: $129.65 Office supplies	$0.00
Subvendor: AT&T 2465 Palm Canyon Drive, Suite 1210 Palm Springs, CA 92262-2837 $609.94	PHO	Memo: $609.94 Telephones	$0.00
Subvendor: U-Haul 3455 N Indian Canyon Dr Palm Springs, CA 92262-1611 $63.41	OFC	Memo: $63.41 Truck rental	$0.00

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SUBTOTAL $0.00

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: United States Post Office Amado Road Palm Springs, CA 92263 $84.00	LIT	Memo: $84.00 Stamps	$0.00
Subvendor: Activate LLC 2232 Vermont St Lawrence, KS 66046-3066 $800.00	PHO	Memo: $800.00 Robocalls	$0.00
Coachella Valley Independent, LLC 31855 Date Palm Dr Ste 3-263 Cathedral City, CA 92234-3100	PRT	1/4 page ad in Nov issue	$295.00

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SUBTOTAL $295.00

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Payments Made

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacob Daruvala [redacted] Norco, CA 92860	OFC	Reimbursement for food for volunteers	$106.70
Ian M Del Toro [redacted] Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00
Gavin Duffy [redacted] Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00

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SUBTOTAL $306.70

Schedule E Summary

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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	$264.88
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	$96.97
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	$25.05

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SUBTOTAL $386.90

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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	$77.50
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	$22.35
First Bank Merchant Services 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	OFC	Merchant services	$4.98

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SUBTOTAL $104.83

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Nicole N Fleming [redacted] Palm Springs, CA 92262-6228	LIT	Doorhanger distribution & collection	$100.00
Ashlyn Frey [redacted] Riverside, CA 92504-9467	LIT	Doorhanger distribution & collection	$100.00
Rebecca Graeser [redacted] Palm Springs, CA 92262-6228	LIT	Doorhanger distribution & collection	$100.00

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SUBTOTAL $300.00

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eliza Harper [redacted] South Deerfield, MA 01373-5800	LIT	Doorhanger distribution & collection	$100.00
George Johnson [redacted] Palm Springs, CA 92264-0629	LIT	Doorhanger distribution & collection	$100.00
KDN Homes, Inc 1041 Market St # 203 San Diego, CA 92101-7233	OFC	Cleaning services for campaign office	$220.00

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SUBTOTAL $420.00

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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
Joseph Lashley [redacted] Baltimore, MD 21244-3552	LIT	Doorhanger distribution & collection	$100.00
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT	Campaign mailing	$9,140.34
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT	Candidate mailing	$5,140.67

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

SUBTOTAL $14,381.01

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $82,174.85
2. Unitemized payments made this period of under $100 ..... $60.00
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 $82,234.85

Schedule E
Payments Made

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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	CMP	Signs & Banners	$134.00
Derek G Orton [redacted] Palm Springs, CA 92264-9170	LIT	Doorhanger distribution & collection	$100.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Payroll - Field staff	$167.63

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

SUBTOTAL $401.63

Schedule E Summary

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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $82,234.85

Schedule E
Payments Made

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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 $23.85	SAL	Memo: $23.85 Payroll - Federal taxes	$0.00
Subvendor: Franchise Tax Board 1500 11th St Sacramento, CA 95814-5701 $6.60	SAL	Memo: $6.60 Payroll - State taxes	$0.00
Subvendor: Cody Hines 2300 Vista Ridge Cir Norco, CA 92860-3734 $137.18	SAL	Memo: $137.18 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

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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $82,234.85

Schedule E
Payments Made

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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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CTB contribution (explain nonmonetary)*
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MBR member communications
MTG meetings and appearances
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TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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	$1.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fee	$35.95
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Field Staff	$3,633.73

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

SUBTOTAL $3,670.68

Schedule E Summary

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Schedule E
Payments Made

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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

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CTB contribution (explain nonmonetary)*
CVC civic donations
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FND fundraising events
IND independent expenditure
LEG legal defense
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MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
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TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 $187.90	SAL	Memo: $187.90 State payroll taxes	$0.00
Subvendor: Cody Hines 2300 Vista Ridge Cir Norco, CA 92860-3734 $1,435.08	SAL	Memo: $1435.08 Field Staff payroll	$0.00
Subvendor: Jacob Daruvala 2300 Vista Ridge Circle Norco, CA 92860 $1,169.24	SAL	Memo: $1169.24 Field Manager payroll	$0.00

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SUBTOTAL $0.00

Schedule E Summary

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Schedule E
Payments Made

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CALIFORNIA FORM 460

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MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
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TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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: IRS 2525 Capitol St Fresno, CA 93721-2227 $841.51	SAL	Memo: $841.51 Federal payroll taxes	$0.00
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	OFC	Payroll processing fee	$47.43
Payroll Data Processing 4224 Henderson Blvd Tampa, FL 33629-5611	SAL	Salary - Field Staff	$1,281.77

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

SUBTOTAL $1,329.20

Schedule E Summary

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Schedule E
Payments Made

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from 10/18/2015
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CALIFORNIA FORM 460

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CTB contribution (explain nonmonetary)*
CVC civic donations
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FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
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TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 $30.42	SAL	Memo: $30.42 State payroll taxes	$0.00
Subvendor: IRS 2525 Capitol St Fresno, CA 93721-2227 $249.28	SAL	Memo: $249.28 Federal payroll taxes	$0.00
Subvendor: Jacob Daruvala 2300 Vista Ridge Circle Norco, CA 92860 $584.86	SAL	Memo: $584.86 Field Manager payroll	$0.00

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SUBTOTAL $0.00

Schedule E Summary

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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $82,234.85

Schedule E
Payments Made

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CALIFORNIA FORM 460

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CVC civic donations
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FND fundraising events
IND independent expenditure
LEG legal defense
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MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: Cody Hines [redacted] Norco, CA 92860-3734 $417.21	SAL	Memo: $417.21 Field Staff salary	$0.00
Thomas P Pearson [redacted] China Spring, TX 76633	LIT	Doorhanger distribution and collection	$100.00
Steve S Ryan [redacted] Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00

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SUBTOTAL $200.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $82,174.85
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4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $82,234.85

Schedule E
Payments Made

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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
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CMP campaign paraphernalia/misc.
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CVC civic donations
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LEG legal defense
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MBR member communications
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VOT voter registration
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
Screen Strategies Media 15409 Whitechapel Ct Centreville, VA 20120-3944	TEL	TV/Cable airtime purchase	$16,207.00
Caleb Sowers 350 W Chino Canyon Rd Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00
Derrick Stover [redacted] Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00

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SUBTOTAL $16,407.00

Schedule E Summary

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Schedule E
Payments Made

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Time Warner Cable PO Box 60074 City Of Industry, CA 91716-0074	OFC	Internet - monthly charge	$236.94
Transgender Community Coalition PO Box 580132 North Palm Springs, CA 92258-0132	PRT	Advertisement in The Monarch (magazine)	$150.00
Runeal Turnage [redacted] Palm Springs, CA 92262-2902	LIT	Doorhanger distribution & collection	$100.00

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

SUBTOTAL $486.94

Schedule E Summary

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Schedule E
Payments Made

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CALIFORNIA FORM 460

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VOT voter registration
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Weingarten & Hough Insurance Agency 610 S Belardo Rd Ste 300 Palm Springs, CA 92264-7466	OFC	Insurance for campaign office	$769.20
Robert Wellman [redacted] Palm Springs, CA 92262	LIT	Doorhanger distribution & collection	$100.00
Jazzmen Williams [redacted] Murrieta, CA	LIT	Doorhanger distribution & collection	$100.00

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

SUBTOTAL $969.20

Schedule E Summary

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Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
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Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM **460**

NAME OF FILER
Geoff Kors for City Council 2015

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VOT voter registration
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 [redacted] Columbus, OH 43228-3669	LIT, Credit card debt	$24,420.81	$0.00	$24,420.81	$0.00
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT, Mailing services	$9,140.34	$0.00	$9,140.34	$0.00
Morel Ink 4824 NE 42nd Ave Portland, OR 97218-1661	LIT, Campaign mailer	$5,140.67	$0.00	$5,140.67	$0.00
	SUBTOTALS	$38,701.82	$0.00	$38,701.82	$0.00

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

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** $1,500.00

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** $38,701.82

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** ($37,201.82)
(May be a negative number)

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
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CALIFORNIA FORM 460

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VOT voter registration
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
Nikki Stone Palm Springs, CA 92262	CNS, Consulting fee	$0.00	$1,500.00	$0.00	$1,500.00
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS**	$0.00	$1,500.00	$0.00	$1,500.00

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** $1,500.00

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** $38,701.82

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** ($37,201.82)
(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 10/18/2015
through 12/31/2015

CALIFORNIA FORM 460

NAME OF FILER
Geoff Kors for City Council 2015

I.D. NUMBER
1376802

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/28/2015	Southern California Edison PO Box 600 Rosemead, CA 91770-0600	Refund of deposit	$3,930.08

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** $3,930.08

Schedule I Summary

1. Itemized increases to cash this period. $3,930.08
2. Unitemized increases to cash of under $100 this period. $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $3,930.08