

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp
RECEIVED
CITY OF PALM SPRINGS
2005 JUL 14 AM 11:15
JAMES THOMPSON
CITY CLERK

Statement covers period
from 1-1-05
through 6-30-05

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

Page _____ of _____
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

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

3. Committee Information

I.D. NUMBER 11-3652985

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Palm Springs Fire Mgmt Assoc - PAC

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs Ca 92264 [REDACTED]

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

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

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s) Jow Merriam

NAME OF TREASURER
[REDACTED]

MAILING ADDRESS
Wildomar Ca 92595 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

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 7/13/05 Date By [REDACTED]

Executed on _____ Date By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 1-1-05
through 6-30-05

**CALIFORNIA
FORM 460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palma Springs Fire Management Assoc - PAC

I.D. NUMBER

11-3652985

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	<i>None</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** None

*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 B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period
from 1-1-05
through 6-30-05

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Fire Management Assoc - PAC

Page _____ of _____
ID NUMBER
11-3652988

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>None</u>	\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS \$								\$ _____	\$ _____

Schedule B Summary

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** _____
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule E
Payments Made**

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

Statement covers period from <u>1-1-05</u> through <u>6-30-05</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>11-3652985</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Fire Dept Assoc - P.S.C.

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 supporting/opposing others (explain)*	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
<u>Save Our City I.D.# 1248896 111 E. Tabouite Ste 103 Palm Springs, Ca 92262</u>		<u>ck # 1007 General funds in opposite to Measure B</u>	<u>500⁰⁰</u>
<u>Mike Wills - member PSFAA 77632 Baron Circle Palm Desert Ca, 92261</u>		<u>ck # 1008 Lunch mtg w/ Council members Chris Mills</u>	<u>32⁰⁰</u>
<u>Mike Wills - member PSFAA 77632 Baron Circle Palm Desert Ca, 92261</u>		<u>ck # 1009 reimbursement for FLA6 work shop (sacramento)</u>	<u>420⁰⁰</u>

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1049.09

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>1-1-05</u> through <u>6-30-05</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palms Springs Fire Management Assoc - PAC

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 supporting/opposing others (explain)*	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
<i>Mike Wills - member PSFMA 77632 Baron circle Palm Desert Ca, 92261</i>			<i>ck # 1010 lunch w/ city mgr David Ready</i>	<i>40⁰⁰</i>
<i>Mike Wills - member PSFMA 77632 Baron circle Palm Desert Ca, 92261</i>			<i>ck # 1011 lunch w/ council members Mike McCulloch</i>	<i>57⁰⁹</i>

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

SUBTOTAL \$

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>1-1-05</u> through <u>6-30-05</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>11-3652985</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Fire Management Assoc. Pte

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ _____	\$ _____
2. Loans Received Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ _____

**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

6. Payments Made Schedule E, Line 4	\$ _____	\$ <u>1049.09</u>
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ _____	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>1/1/05</u>	\$ _____
<u>1/1/05</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1854.39</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>785.30</u>

If this is a termination statement, Line 16 must be zero.

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 Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

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