

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|                                 |                               |
|---------------------------------|-------------------------------|
| RECEIVED<br>CITY OF PALM SPRING | CALIFORNIA<br>FORM <b>460</b> |
| 2006 JAN -5 AM 8:37             | Page _____ of _____           |
| JAMES THOMPSON<br>CITY CLERK    | For Official Use Only         |

Statement covers period  
from 10-23-05  
through 12-31-05

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

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled  |
| <input type="radio"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small>  |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input checked="" type="radio"/> Sponsored                            |   |
| <input type="radio"/> Small Contributor Committee                     |   |
| <input type="radio"/> Political Party/Central Committee               |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

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

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

CITY Palm Springs STATE Ca ZIP CODE 92263 AREA CODE/PHONE [REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

Jon Merriman

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 <u>1-2-06</u><br>Date | By [REDACTED]   |
| Executed on _____<br>Date         | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date         | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed on _____<br>Date         | By _____<br>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 10-23-05  
through 12-31-05

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
|                    | <i>None</i>   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |  |   |                             |  |                                       |

**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 \$** \_\_\_\_\_

\*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<br>from <u>10-23-05</u><br>through <u>12-31-05</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Palm Springs Fire Management Assoc - PAC*

I.D. NUMBER

*11-3657985*

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

(Enter (e) on Schedule E, Line 3)

**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<br>from <u>10-23-05</u> | <b>CALIFORNIA<br/>FORM 460</b>   |
| through <u>12-31-05</u>                         |                                  |
| Page _____ of _____                             | I.D. NUMBER<br><u>11-3652985</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Palmer Springs Fire Mgmt 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| <u>None</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 \$** \_\_\_\_\_

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

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

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from _____<br>through _____ | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page _____ of _____            |
| I.D. NUMBER _____                                      |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$**

**Schedule I  
Miscellaneous Increases to Cash**

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

Statement covers period  
from 10-23-05  
through 12-31-05

SCHEDULE  
**CALIFORNIA FORM 46**

Page      of     

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Palma Springs Fire Mgmt Assoc - PAC

I.D. NUMBER  
11-3652985

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|--|------------------------|----------------------------|
| 12/31         | Palma Springs City Employees<br>Federal Credit Union<br>425 N. Civic Palma Springs, Ca 92262 | Dividend               | 12.54                      |
|               |  |                        |                            |
|               |  |                        |                            |
|               |  |                        |                            |
|               |  |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 12.54

**Schedule I Summary**

- 1. Itemized increases to cash this period. .... \$ 12.54
- 2. Unitemized increases to cash of under \$100 this period. .... \$
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 12.54

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|   |                                  |
|---|----------------------------------|
| Statement covers period<br>from <u>10-23-05</u> | <b>CALIFORNIA<br/>FORM 460</b>   |
| through <u>12-31-05</u>                         |                                  |
| Page _____ of _____                             | I.D. NUMBER<br><u>11-3652985</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Palm Springs Fire Mgmt Assoc - PAC

| <b>Contributions Received</b>   |                    | <b>Column A</b><br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | <b>Column B</b><br>CALENDAR YEAR<br>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    | \$ _____  | \$ _____  |

| <b>Calendar Year Summary for Candidates<br/>Running in Both the State Primary and<br/>General Elections</b> |                  |             |
|---|------------------|-------------|
|   | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received  | \$ _____         | \$ _____    |
| 21. Expenditures Made   | \$ _____         | \$ _____    |

| <b>Expenditures Made</b>           |                      | <b>Column A</b> | <b>Column B</b> |
|------------------------------------|----------------------|-----------------|-----------------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ _____        | \$ _____        |
| 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 | \$ _____        | \$ _____        |

| <b>Expenditure Limit Summary for State<br/>Candidates</b>                        |               |  |
|--|---------------|--|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |  |
| Date of Election<br>(mm/dd/yy)   | Total to Date |  |
| ____/____/____   | \$ _____      |  |
| ____/____/____   | \$ _____      |  |

| <b>Current Cash Statement</b>                                    |   |                   |
|--|---|-------------------|
| 12. Beginning Cash Balance                                       | Previous Summary Page, Line 16                | \$ <u>1031.95</u> |
| 13. Cash Receipts  | Column A, Line 3 above                        | _____             |
| 14. Miscellaneous Increases to Cash                              | Schedule I, Line 4                            | <u>12.54</u>      |
| 15. Cash Payments  | Column A, Line 8 above                        | _____             |
| 16. ENDING CASH BALANCE  | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>1044.49</u> |
| <i>If this is a termination statement, Line 16 must be zero.</i> |   |                   |
| 17. LOAN GUARANTEES RECEIVED                                     | Schedule B, Part 2                            | \$ _____          |

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.

| <b>Cash Equivalents and Outstanding Debts</b> |                                       |          |
|---|---------------------------------------|----------|
| 18. Cash Equivalents                          | See instructions on reverse           | \$ _____ |
| 19. Outstanding Debts                         | Add Line 2 + Line 9 in Column B above | \$ _____ |