

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

Type or print in ink.

COVER PAGE

RECEIVED
CITY OF PALM SPRINGS
2009 JAN 7 AM 8:30
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CITY CLERK

**CALIFORNIA
FORM 460**

Page _____ of _____
For Official Use Only

Statement covers period
from 7-1-08
through 12-31-08

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<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 Mgt Assoc - PAC

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

CITY Palm Springs STATE Ca ZIP CODE 92264

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 _____

OPTIONAL FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
Jon Merriam

MAILING ADDRESS
[REDACTED]

CITY Wilton STATE Ca ZIP CODE 92595

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 1/6/09 Date

Date

Date

Date

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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7-1-08</u> through <u>12-31-08</u>	CALIFORNIA FORM 460
	Page _____ of _____
	ID. NUMBER <u>11-3652985</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Palms Springs Fire Mgt Assoc - PAC

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	\$ _____	\$ _____
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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1059.58</u>
13. Cash Receipts Column A Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>3.20</u>
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14 then subtract Line 15	\$ <u>1062.78</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	\$ _____

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 7-1-08
through 12-31-08

CALIFORNIA FORM 460

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

11-3652985

Palm Springs Fire Mgt Assoc - PAC

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)
	<u>None</u>	<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				
		<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 7-1-08
through 12-31-08

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Fire Mtg - PAC

Page _____ of _____

I.D. NUMBER

11-3652985

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	\$ _____	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	\$ _____	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	\$ _____	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____				

Schedule B Summary

(Enter (a) on
Schedule E Line 3)

- 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 \$** None
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 7-1-08
through 12-31-08

SCHEDULE E
CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Fire Mt - PAC

Page of

ID. NUMBER
11-3652985

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
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID 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 \$ None

**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>7-1-08</u> through <u>12-31-08</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER <u>11-3652985</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Palm Springs Fire Mtg 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 tv 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 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 |
| LT 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>None</i>			

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

SUBTOTAL \$ None

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>7-1-08</u> through <u>12-31-08</u>	CALIFORNIA FORM 460
	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Palm Springs Fire Mtg Assoc - PAC

I.D. NUMBER
11-362985

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>1-6-09</u>	<u>Palm Springs City Employees Federal Credit Union 425 N. Civic Palm Springs 92262</u>	<u>interest on account</u>	<u>\$ 3.20</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3.20

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 3.20
- 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** \$ 3.20