

**Recipient Committee  
Campaign Statement — Long Form**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Special Odd-year Campaign Report
- Supplemental Pre-election Statement (Attach a completed Form 495 to this Statement.)
- Termination Statement (Attach a completed Form 415 to this statement.)
- Semi-annual Statement

|  |  |   |
|--|--|---|
| Statement covers period<br>from <u>9/1/95</u><br>through <u>12/31/95</u> | Date Stamp<br><b>RECEIVED<br/>OCT 26 1995<br/>CITY CLERK</b> | CALIFORNIA<br>1995 FORM <b>420</b><br>Page <u>1</u> of <u>70</u><br>For Official Use Only |
| Date of election if applicable:<br>(Month, Day, Year)<br><u>N/A</u>      |  |   |

**Committee Information**

NAME OF COMMITTEE

POLITICAL ACTION COM. OF THE PALM SPRING PACE ASSOC

ADDRESS OF COMMITTEE (NO. AND STREET) I.D. NUMBER

200 S. CIVIC / P.O. Box [REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
PALM SPRINGS, CA 92263 [REDACTED]

NAME OF TREASURER

RON STUART

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

200 S. CIVIC / P.O. Box [REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE  
PALM SPRINGS, CA 92263 [REDACTED]

(Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee?  Yes  No

Is this a broad based political committee?  Yes  No

**II Primarily Formed Committee (See definition on reverse.)  
List names of officeholder(s) or candidate(s) for which  
this committee is primarily formed.**

| NAME OF CANDIDATE(S) OR OFFICEHOLDER(S) | OFFICE SOUGHT OR HELD | CHECK ONE |        |
|---|-----------------------|-----------|--------|
|   |                       | SUPPORT   | OPPOSE |
|   |                       |           |        |
|   |                       |           |        |
|   |                       |           |        |
|   |                       |           |        |
|   |                       |           |        |

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-2-95 At PALM SPRINGS, CA  
DATE CITY AND STATE

Executed on 10-2-95 At PALM SPRINGS, CA  
DATE CITY AND STATE

[REDACTED SIGNATURE]

SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED

**Recipient Committee  
Allocation Page**

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

ALLOCATION PAGE

|                         |                         |                                    |
|-------------------------|-------------------------|------------------------------------|
| Statement covers period |                         | CALIFORNIA<br>1994 FORM <b>420</b> |
| from <u>7/1/95</u>      | through <u>12/31/95</u> |                                    |
|                         |                         | Page <u>2</u> of <u>20</u>         |
| NAME OF COMMITTEE       |                         | I.D. NUMBER                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS ASSOC

List contributions and independent expenditures that total \$100 or more made to support or oppose officeholders, candidates, ballot measures, or committees.

| DATE     | NAME OF OFFICEHOLDER OR CANDIDATE AND OFFICE, OR NAME OF MEASURE AND BALLOT NUMBER OR LETTER, OR NAME OF COMMITTEE IF OTHER THAN OFFICEHOLDER, CANDIDATE, OR MEASURE COMMITTEE | CHECK ONE |        | IND. EXP.* | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|----------|--|-----------|--------|------------|--------------------|---|--|
|          |  | SUPPORT   | OPPOSE |            |                    |   |  |
| 5/95     | WILL KLEINDIENST<br>P. SPRINGS, MAYOR  | X         |        |            | 500 <sup>00</sup>  | 500 <sup>00</sup>                                   |  |
| 10/23/95 | JEANNE ROLLER-SPURGIN<br>PALM SPRINGS, CITY COUNCIL  | X         |        |            | 500 <sup>00</sup>  | 500 <sup>00</sup>                                   |  |
| 10/23/95 | STAN BARNES<br>PALM SPRINGS, CITY COUNCIL  | X         |        |            | 500 <sup>00</sup>  | 500 <sup>00</sup>                                   |  |
| 10/23/95 | ROBERT LEE<br>PALM SPRINGS, CITY COUNCIL   | X         |        |            | 500 <sup>00</sup>  | 500 <sup>00</sup>                                   |  |
|          |  |           |        |            |                    |   |  |
|          |  |           |        |            |                    |   |  |

\*See reverse regarding independent expenditures.

SUBTOTAL

\$ 2000<sup>00</sup>

**Allocation Summary**

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period.  
(Include all Allocation Page subtotals.) ..... \$ 2000<sup>00</sup>
- Contributions and independent expenditures under \$100 made this period.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period.  
(Do not carry this to the Summary Page.) ..... TOTAL \$ 2000<sup>00</sup>

# Recipient Committee Summary Page

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

SUMMARY PAGE

|  |                                    |
|--|------------------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | CALIFORNIA<br>1994 FORM <b>420</b> |
|  | Page <u>3</u> of <u>20</u>         |
| I.D. NUMBER  |                                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS' ASSOC

## Contributions Received

|   |                        | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B*<br>TOTAL PREVIOUS PERIOD<br>(SEE NOTE BELOW) | Column C<br>TOTAL TO DATE<br>(ADD COLUMNS A + B) |
|---|------------------------|--|--|--|
| 1. Monetary Contributions   | Schedule A, Line 3     | \$ <u>2100</u>   | \$ <u>5058</u>   | \$ <u>7158</u>                                   |
| Loans Received  | Schedule B, Line 7     | <u>0</u>   | <u>0</u>   | <u>0</u>   |
| <b>SUBTOTAL CASH CONTRIBUTIONS</b>                                  | <b>Add Lines 1 + 2</b> | \$ <u>2100</u>   | \$ <u>5058</u>   | \$ <u>7158</u>                                   |
| 4. Non-monetary Contributions                                       | Schedule C, Line 3     | <u>0</u>   | <u>0</u>   | <u>0</u>   |
| <b>5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)</b>     | <b>Add Lines 3 + 4</b> | \$ <u>2100</u>   | \$ <u>5058</u>   | \$ <u>7158</u>                                   |
| 6. Enforceable Promises<br>(Exclude Loan Guarantees, Line 18 below) | Schedule D, Line 7     | <u>0</u>   | <u>0</u>   | <u>0</u>   |
| <b>7. TOTAL CONTRIBUTIONS RECEIVED</b>                              | <b>Add Lines 5 + 6</b> | \$ <u>2100</u>   | \$ <u>5058</u>   | \$ <u>7158</u>                                   |

## Expenditures Made

|  |                          |                |             |                |
|--|--------------------------|----------------|-------------|----------------|
| 8. Cash Payments (Other than Loans Made) | Schedule E, Line 5       | \$ <u>2000</u> | \$ <u>0</u> | \$ <u>2000</u> |
| 9. Loans Made                            | Schedule H, Line 7       | <u>0</u>       | <u>0</u>    | <u>0</u>       |
| <b>10. SUBTOTAL CASH PAYMENTS</b>        | <b>Add Lines 8 + 9</b>   | \$ <u>2000</u> | \$ <u>0</u> | \$ <u>2000</u> |
| 11. Accrued Expenses (Unpaid Bills)      | Schedule F, Line 5       | <u>0</u>       | <u>0</u>    | <u>0</u>       |
| <b>12. TOTAL EXPENDITURES MADE</b>       | <b>Add Lines 10 + 11</b> | \$ <u>2000</u> | \$ <u>0</u> | \$ <u>2000</u> |

## Current Cash Statement

|                                     |  |                |
|-------------------------------------|--|----------------|
| Beginning Cash Balance              | Previous Summary Page, Line 17                       | \$ <u>5058</u> |
| 14. Cash Receipts                   | Column A, Line 3 above                               | <u>2100</u>    |
| 15. Miscellaneous Increases to Cash | Schedule I, Line 4                                   | <u>0</u>       |
| 16. Cash Payments                   | Column A, Line 10 above                              | <u>2000</u>    |
| <b>17. ENDING CASH BALANCE</b>      | <b>Add Lines 13 + 14 + 15, then subtract Line 16</b> | \$ <u>5158</u> |

*If this is a termination statement, Line 17 must be zero.*

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 21. Contributions Received | \$ _____         | _____       |
| 22. Expenditures Made      | \$ _____         | _____       |

## Cash Equivalents and Outstanding Debts

|                       |  |             |
|-----------------------|--|-------------|
| 19. Cash Equivalents  | See Instructions on reverse            | \$ <u>0</u> |
| 20. Outstanding Debts | Add Line 2 + Line 11 in Column C above | \$ <u>0</u> |

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                                    |
|--|------------------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | CALIFORNIA<br>1994 FORM <b>420</b> |
|  | Page <u>4</u> of <u>20</u>         |
| I.D. NUMBER  |                                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

P.A.C OF THE PSPOA

| DATE RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|-----------------------------|---|--|
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               | <u>PALM SPRINGS POLICE OFFICERS ASSOC IS THE SOLE CONTRIBUTIONS RECEIVED</u>   |   |                             |   |  |

SUBTOTAL \$

**Monetary Contributions Summary**

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 2100
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2100



**Schedule B — Part I (Continuation Sheet)**  
**Loans Received**

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

SCHEDULE B - Part I (cont.)

Statement covers period  
 from 7/1/95  
 through 12/31/95

420

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NAME OF COMMITTEE  
PAC OF THE PSPDIA

I.D. NUMBER

| DATE RECEIVED | LENDER OR GUARANTOR'S FULL NAME AND ADDRESS<br>(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) | LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME) | LENDER INFORMATION         |                |                    | GUARANTOR INFORMATION |                    |
|---------------|--|--|----------------------------|----------------|--------------------|-----------------------|--------------------|
|               |  |  | DUE DATE/<br>INTEREST RATE | AMOUNT OF LOAN | CUMULATIVE TO DATE | AMOUNT GUARANTEED     | CUMULATIVE TO DATE |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|               |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|               |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|               |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|               |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|               |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |

\*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$ 0

\$ 0 Enter (b) on Summary Page, Line 18 only.

**Schedule B — Part I  
Loans Received**

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

SCHEDULE B - Part I -

Statement covers period  
from 7/1/95  
through 12/31/95

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE P.A.C OF THE PSPDA I.D. NUMBER 420

| DATE RECEIVED                          | LENDER OR GUARANTOR'S FULL NAME AND ADDRESS<br>(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) | LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME) | LENDER INFORMATION         |                |                    | GUARANTOR INFORMATION |                    |
|--|--|--|----------------------------|----------------|--------------------|-----------------------|--------------------|
|  |  |  | DUE DATE/<br>INTEREST RATE | AMOUNT OF LOAN | CUMULATIVE TO DATE | AMOUNT GUARANTEED     | CUMULATIVE TO DATE |
|  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|  |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|  |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
|  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |  | DUE DATE                   |                | CALENDAR YEAR      |                       | CALENDAR YEAR      |
|  |  |  | INTEREST RATE              |                | OTHER              |                       | OTHER              |
| See important instructions on reverse. |  |  | SUBTOTAL \$ (a)            |                |                    | \$ (b) <u>0</u>       |                    |

**Loans Received — Part I Summary**

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ 0
- Loans under \$100 received this period. (Do not itemize.) ..... \$ 0
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ 0

**Loans Received — Part II Summary**

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ \_\_\_\_\_
  - Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ \_\_\_\_\_
  - Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ (0)
  - Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ 0
- Enter the net here and on the Summary Page, Column A, Line 2.

May be a negative number

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (cont.)

|  |  |
|--|--|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | CALIFORNIA<br>FORM 420<br>Page <u>5</u> of <u>20</u> |
| I.D. NUMBER  |  |

NAME OF COMMITTEE

P.A.C OF THE PSPCA

| DATE RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|-----------------------------|---|--|
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |
|               |  |   |                             |   |  |

SUBTOTAL \$ 0



**Schedule C  
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from 7/1/95  
through 12/31/95

CALIFORNIA  
1995 FORM **420**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE P.A.C. OF THE PSPDA

I.D. NUMBER

| DATE RECEIVED  | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER<br>(IF APPLICABLE) |
|----------------|--|---|----------------------------------|-------------------|---|---|
| <u>7/23/95</u> | <del>WILL KLONDIENST FORMANOR</del>  |   |                                  |                   |   |   |
|                |  |   |                                  |                   |   |   |
|                |  |   |                                  |                   |   |   |
|                |  |   |                                  |                   |   |   |
|                |  |   |                                  |                   |   |   |
|                |  |   |                                  |                   |   |   |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

**Non-Monetary Contributions Summary**

1. Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_

2. Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) ..... \$ \_\_\_\_\_

3. Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... TOTAL \$ 0

**Schedule D  
Enforceable Promises Received (Other than Loan  
Guarantees, Loan Endorsements, and Loan Security)**

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

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

|  |                  |
|--|------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | INDONESIA<br>420 |
| Page <u>11</u> of <u>20</u>  | I.D. NUMBER      |

NAME OF COMMITTEE

P.A.C. OF THE PGPOA

| DATE RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS,<br>ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED,<br>ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT PROMISED THIS PERIOD | AMOUNT PAID THIS PERIOD<br>(ALSO ENTER ON SCHEDULE A) | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | CUMULATIVE TO DATE OTHER<br>(IF APPLICABLE) |
|---------------|--|---|-----------------------------|---|--|---|
|               |  |   |                             |   |  |   |
|               |  |   |                             |   |  |   |
|               |  |   |                             |   |  |   |
|               |  |   |                             |   |  |   |
|               |  |   |                             |   |  |   |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTALS \$

(a)

(b)

**Enforceable Promises Received Summary**

- Promises received of \$100 or more this period (Column (a)). ..... \$ 0
- Promises received under \$100 this period.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total promises received this period.  
(Add Lines 1 and 2.) ..... TOTAL \$ \_\_\_\_\_
- Payments received on promises of \$100 or more this period.  
(Column (b)). ..... \$ \_\_\_\_\_
- Payments received on promises under \$100 this period.  
(Do not itemize. Also include on Schedule A Summary, Line 2.) ..... \$ \_\_\_\_\_
- Total payments received.  
(Add Lines 4 and 5.) ..... TOTAL \$ (0)
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) ..... NET \$ \_\_\_\_\_

May be a negative number.

**Schedule E  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE E

|  |                                 |
|--|---------------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | ALABAMA<br>1995 FORM <b>420</b> |
|  | Page <u>12</u> of <u>20</u>     |
| I.D. NUMBER  |                                 |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

PAC OF THE PSPDA

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW. |    |                        |               |
|---|--|----|------------------------|---------------|
|   | CODE   | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
| <u>WILL KLEINDIEMT FOR MAYOR</u><br>[REDACTED]<br><u>PALM SPRINGS, CA 92262</u>   | <u>G</u>   |    |                        | <u>500.00</u> |
| <u>JEANNE REUER-SPURGIN FOR COUNCIL</u><br>[REDACTED]<br><u>PALM SPRINGS, CA 92262</u>  | <u>G</u>   |    |                        | <u>500.00</u> |
| <u>STAN BARNES FOR COUNCIL</u><br>[REDACTED]<br><u>PALM SPRINGS, CA 92262</u>   | <u>G</u>   |    |                        | <u>500.00</u> |

Important: Contributions and expenditures made out of campaign funds to or on behalf of officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page.

SUBTOTAL \$ 1500

**Payments and Contributions Made Summary**

|   |                         |
|---|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                    | \$ <u>2000</u>          |
| 2. Payments made this period of under \$100. (Do not itemize.)  | \$ <u>0</u>             |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)         | \$ <u>0</u>             |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)                   | \$ <u>0</u>             |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ <u>2000.00</u> |

**Schedule E  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made**

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

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

|                         |          |  |
|-------------------------|----------|--|
| Statement covers period |          | COUNTY OF CALIFORNIA<br>COUNTY OF ORANGE<br><b>420</b> |
| from                    | 7/1/95   |  |
| through                 | 12/31/95 | Page <u>13</u> of <u>20</u>                            |
| NAME OF COMMITTEE       |          | I.D. NUMBER  |

NAME OF COMMITTEE  
**PAC OF THE PSPOA**

**CODES FOR CLASSIFYING EXPENDITURES**

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID       |
|---|------|----|------------------------|-------------------|
| BOB LEE For Council<br>[REDACTED]<br>PALM SPRINGS, CA 92262   | G    |    |                        | 500 <sup>00</sup> |
|   |      |    |                        |                   |
|   |      |    |                        |                   |
|   |      |    |                        |                   |
|   |      |    |                        |                   |
|   |      |    |                        |                   |

SUBTOTAL \$ **500<sup>00</sup>**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

|  |  |
|--|--|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | CALIFORNIA<br>STATE<br>FORMS<br><b>420</b> |
|  | Page <u>14</u> of <u>20</u>                |
| I.D. NUMBER  |  |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE  
PAC OF THE PSPA

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "M" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "N" - BROADCAST ADVERTISING
- "O" - NEWSPAPER AND PERIODICAL ADVERTISING
- "P" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "T" - GENERAL OPERATIONS AND OVERHEAD
- "U" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "V" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "I" - INDEPENDENT EXPENDITURES
- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD. |    |                                    |                |
|---|--|----|------------------------------------|----------------|
|   | CODE   | OR | DESCRIPTION OF OUTSTANDING PAYMENT | AMOUNT ACCRUED |
|   |  |    |                                    |                |
|   |  |    |                                    |                |
|   |  |    |                                    |                |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Accrued Expenses Summary**

- 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) ..... \$ \_\_\_\_\_
- 2. Accrued expenses this period of under \$100. (Do not itemize.) ..... \$ \_\_\_\_\_
- 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) ..... **INCURRED TOTAL \$** 0
- 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) ..... **PAID TOTAL \$** 0
- 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) ..... **NET \$** \_\_\_\_\_

May be a negative number

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of a Committee)**

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

SCHEDULE G

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | CALIFORNIA<br>1995 FORM<br><b>420</b> |
| Page <u>15</u> of <u>20</u>  | I.D. NUMBER                           |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE PAC OF THE PSPDA

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br><small>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)</small> | CODE | OR<br>DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|------------------------------|-------------|
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |
|  |      |                              |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the committee.

**Schedule H — Part I  
Loans Made to Others**

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

SCHEDULE H - Part I

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/98</u> | ALPQ UNDA<br>420            |
|  | Page <u>14</u> of <u>20</u> |
| I.D. NUMBER  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

PAC OF THE PSPOA

| DATE OF LOAN | FULL NAME AND ADDRESS OF RECIPIENT<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | INTEREST RATE | DUE DATE | AMOUNT |
|--------------|---|---------------|----------|--------|
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |

SUBTOTAL \$

0

**Loans Made to Others — Part I Summary**

|   |                   |
|---|-------------------|
| 1. Loans of \$100 or more made this period.<br>(Include all Loans Made — Part I subtotals.) | \$ <u>0</u>       |
| 2. Loans under \$100 made this period.<br>(Do not itemize.)                                 | \$ _____          |
| 3. Total loans made this period.<br>(Add Lines 1 and 2.)                                    | TOTAL \$ <u>0</u> |

**Loans Repayments Received — Part II Summary**

|   |                   |
|---|-------------------|
| 4. Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more which have been forgiven by this committee — Part II (a) subtotals.<br>If forgiven, also itemize on Schedule E.) | \$ _____          |
| 5. Payments received on loans under \$100.<br>(Including a forgiveness. Do not itemize.)  | \$ _____          |
| 6. Total loan payments received this period.<br>(Add Lines 4 and 5.)  | TOTAL \$ <u>0</u> |
| 7. Net change this period. (Subtract Line 6 from Line 3.)<br>Enter the net here and on the Summary Page, Column A, Line 9.)   | NET \$ <u>0</u>   |

May be a negative number.

**Schedule H — Part I  
Loans Made to Others  
(Continuation Sheet)**

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

SCHEDULE H - Part I (cont.)

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | POSSIBLE<br>DISCREPANCY<br><b>420</b> |
|  | Page <u>17</u> of <u>20</u>           |

|  |             |
|--|-------------|
| NAME OF COMMITTEE<br><b>PAC OF THE PSPDA</b> | I.D. NUMBER |
|--|-------------|

| DATE OF LOAN | FULL NAME AND ADDRESS OF RECIPIENT<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | INTEREST RATE | DUE DATE | AMOUNT |
|--------------|---|---------------|----------|--------|
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |

SUBTOTAL \$ 0





**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>7/1/95</u><br>through <u>12/31/95</u> | <b>420</b>                  |
|  | Page <u>20</u> of <u>20</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE P.A.C. OF THE PSPOA I.D. NUMBER \_\_\_\_\_

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ \_\_\_\_\_

**Miscellaneous Increases to Cash Summary**

- 1. Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- 2. Increases to cash under \$100 this period. (Do not itemize.) .... \$ \_\_\_\_\_
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$ \_\_\_\_\_
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$ 0

# Recipient Committee Summary Page

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

SUMMARY PAGE

|   |                                    |
|---|------------------------------------|
| Statement covers period<br>from <u>7-1-95</u> | CALIFORNIA<br>1994 FORM <b>420</b> |
| through <u>12-31-95</u>                       |                                    |
| Page <u>1</u> of <u>3</u>                     |                                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Political Action Committee of the Palm Springs Police Officers Association

I.D. NUMBER

95-1841

## Contributions Received

|   |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B*<br>TOTAL PREVIOUS PERIOD<br>(SEE NOTE BELOW) | Column C<br>TOTAL TO DATE<br>(ADD COLUMNS A + B) |
|---|--------------------|--|--|--|
| 1. Monetary Contributions   | Schedule A, Line 3 | \$ <u>3830</u>   | \$ <u>5058</u>   | \$ <u>8888</u>                                   |
| Loans Received  | Schedule B, Line 7 | <u>0</u>   | <u>0</u>   | <u>0</u>   |
| 3. SUBTOTAL CASH CONTRIBUTIONS                                      | Add Lines 1 + 2    | \$ <u>3830</u>   | \$ <u>5058</u>   | \$ <u>8888</u>                                   |
| 4. Non-monetary Contributions                                       | Schedule C, Line 3 | <u>0</u>   | <u>0</u>   |  |
| 5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)            | Add Lines 3 + 4    | \$ <u>3830</u>   | \$ <u>5058</u>   | \$ <u>8888</u>                                   |
| 6. Enforceable Promises<br>(Exclude Loan Guarantees, Line 18 below) | Schedule D, Line 7 | <u>0</u>   | <u>0</u>   |  |
| 7. TOTAL CONTRIBUTIONS RECEIVED                                     | Add Lines 5 + 6    | \$ <u>3830</u>   | \$ <u>5058</u>   | \$ <u>8888</u>                                   |

## Expenditures Made

|  |                    |                |    |                |
|--|--------------------|----------------|----|----------------|
| 8. Cash Payments (Other than Loans Made) | Schedule E, Line 5 | \$ <u>2000</u> | \$ | \$ <u>2000</u> |
| 9. Loans Made                            | Schedule H, Line 7 | <u>0</u>       |    |                |
| 10. SUBTOTAL CASH PAYMENTS               | Add Lines 8 + 9    | \$ <u>2000</u> | \$ | \$ <u>2000</u> |
| 11. Accrued Expenses (Unpaid Bills)      | Schedule F, Line 5 | <u>0</u>       |    |                |
| 12. TOTAL EXPENDITURES MADE              | Add Lines 10 + 11  | \$ <u>2000</u> | \$ | \$ <u>2000</u> |

## Current Cash Statement

|                                     |   |                |
|-------------------------------------|---|----------------|
| 13. Beginning Cash Balance          | Previous Summary Page, Line 17                | \$ <u>5058</u> |
| 14. Cash Receipts                   | Column A, Line 3 above                        | <u>3830</u>    |
| 15. Miscellaneous Increases to Cash | Schedule I, Line 4                            | <u>103</u>     |
| 16. Cash Payments                   | Column A, Line 10 above                       | <u>2000</u>    |
| 17. ENDING CASH BALANCE             | Add Lines 13 + 14 + 15, then subtract Line 16 | \$ <u>6991</u> |

*If this is a termination statement, Line 17 must be zero.*

\* From previous Statement Summary Page; Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Non-Controlled Committees Primarily Formed to Support or Oppose Candidates in Both June and November Elections

|                              |  | 1/1 through 6/30 | 7/1 to Date |
|------------------------------|--|------------------|-------------|
| 18. LOAN GUARANTEES RECEIVED | Schedule B, Part I, Column (b)         | \$ <u>n/a</u>    |             |
| 21. Contributions Received   |  | \$ <u>0</u>      | <u>3830</u> |
| 19. Cash Equivalents         | See instructions on reverse            | \$ <u>n/a</u>    |             |
| 22. Expenditures Made        |  | \$ <u>0</u>      | <u>2000</u> |
| 20. Outstanding Debts        | Add Line 2 + Line 11 in Column C above | \$ <u>n/a</u>    |             |

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

|   |                                     |
|---|-------------------------------------|
| Statement covers period<br>from <u>7-1-95</u> | CALIFORNIA<br>STATE FORM <b>420</b> |
| through <u>12-31-95</u>                       | Page <u>2</u> of <u>3</u>           |

SEE INSTRUCTIONS ON REVERSE

|  |                              |
|--|------------------------------|
| NAME OF COMMITTEE<br><u>Political Action Committee of the Palm Springs Police Officers Association</u> | I.D. NUMBER<br><u>951841</u> |
|--|------------------------------|

| DATE RECEIVED                          | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | DESCRIPTION OF RECEIPT     | AMOUNT OF INCREASE TO CASH |
|--|---|----------------------------|----------------------------|
| <u>7/1/95</u><br>TO<br><u>12/31/95</u> | <u>Palm Springs Credit Union</u><br><u>P.O. Box 9241</u><br><u>Palm Springs CA 92263</u>  | <u>Interest on account</u> | <u>\$ 103.</u>             |
|  |   |                            |                            |
|  |   |                            |                            |
|  |   |                            |                            |
|  |   |                            |                            |
|  |   |                            |                            |

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 103.

**Miscellaneous Increases to Cash Summary**

1. Increases to cash of \$100 or more this period. .... \$ 103
2. Increases to cash under \$100 this period. (Do not itemize.) .... \$ \_\_\_\_\_
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$ \_\_\_\_\_
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... TOTAL \$ 103

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                    |
|---|------------------------------------|
| Statement covers period<br>from <u>7-1-95</u> | CALIFORNIA<br>1994 FORM <b>420</b> |
| through <u>12-31-95</u>                       |                                    |
| Page <u>3</u> of <u>3</u>                     |                                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

*Political Action Committee of the Palm Springs Police Officers Association*

I.D. NUMBER

*95-1841*

| DATE RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | 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) | CUMULATIVE TO DATE OTHER<br>(IF APPLICABLE) |
|---------------|--|---|-----------------------------|--|---|
|               | <i>PSPOA - Member Contribution</i>   |   | <i>3830</i>                 |  | <i>8888</i>                                 |
|               |  |   |                             |  |   |
|               |  |   |                             |  |   |
|               |  |   |                             |  |   |
|               |  |   |                             |  |   |

**SUBTOTAL \$** *3830*

**Monetary Contributions Summary**

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ *3830*
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** *3830*