Recipient Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

CALIFORNIA 1994 FORM 420

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-97 through 9-20-97

Date Stamp: RECEIVED SEP 26 1997 CITY CLERK

Page 1 of 3

For Official Use Only

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

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

- [x] Pre-election Statement
- [ ] Semi-annual 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.)

Committee Information

NAME OF COMMITTEE: Political Action Committe of The Palm Springs Police Officers Association

ADDRESS OF COMMITTEE (NO. AND STREET): 200 S Civic / P.O. Box [redacted]

I.D. NUMBER: 951841

CITY: Palm Springs STATE: CA ZIP CODE: 92263 AREA CODE/DAYTIME PHONE: [redacted]

NAME OF TREASURER: Ron Stuart

PERMANENT ADDRESS OF TREASURER (NO. AND STREET): 200 S Civic / P.O. Box [redacted]

CITY: Palm Springs STATE: CA ZIP CODE: 92263 AREA CODE/DAYTIME PHONE: [redacted]

Check Boxes) See definitions and important information on reverse.

Is this a sponsored committee? ..... [ ] Yes [x] No

Is this a broad based political committee? ..... [x] 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	CHECK ONE: 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 9/25/97 (DATE) At Palm Springs, CA (CITY AND STATE) By [redacted]

Executed on _____ (DATE) At _____ (CITY AND STATE) By _____ (SIGNATURE OF RESPONSIBLE OFFICER OF SPONSOR, IF REQUIRED)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Recipient Committee Summary Page

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

SUMMARY PAGE

Statement covers period from 7-1-97 through 9-20-97

CALIFORNIA 1994 FORM 470

Page 2 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE: Political Action Committe of The Palm Springs Police Officers Association

I.D. NUMBER: 95-1841

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	$ 0	$ 13098	$ 13098
oans Received	Schedule B, Line 7			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0	$ 13098	$ 13098
4. Non-monetary Contributions	Schedule C, Line 3			
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	$ 0	$ 13098	$ 13098
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7			
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	$ 0	$ 13098	$ 13098

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	$ 521	$ 1523	$ 2044
9. Loans Made	Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	$ 521	$ 1523	$ 2044
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5			
TOTAL EXPENDITURES MADE	Add Lines 10 + 11	$ 521	$ 1523	$ 2044

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	$ 10174
14. Cash Receipts	Column A, Line 3 above	0
15. Miscellaneous Increases to Cash	Schedule I, Line 4	0
16. Cash Payments	Column A, Line 10 above	521
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	$ 9653

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	$ 0

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See instructions on reverse	$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	$ 0

* 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	$ 0	
22. Expenditures Made	$	

SCHEDULE E

Schedule E
Payments and Contributions (Other Than Loans) Made

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

Statement covers period from 7-1-97 through 9-20-97

CALIFORNIA 1994 FORM 421

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE: Political Action Committe of The Palm Springs Police Officers Association

I.D. NUMBER: 95 1841

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
- "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
- "G" – GENERAL OPERATIONS AND OVERHEAD
- "T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (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
WAYNE Gottlieb [redacted] Palm Springs CA. 92262	G		485.
I.R.S. Fresno CA 93888	G		36.15

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 $ 521.

Payments and Contributions Made Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 485.
2. Payments made this period of under $100. (Do not itemize.) ..... $ 36.
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... $ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... $ _____
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 $ 521.