

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

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
	
Page <u>1</u> of <u>9</u>	
For Official Use Only	

Statement covers period from <u>9-21-99</u> through <u>10-19-99</u>	Date of election if applicable: (Month, Day, Year) <u>11/2/99</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- | | |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
(Also Complete Part 4.)
Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 5.) | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 6.)
<input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input checked="" type="checkbox"/> Broad Based |
|--|---|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|--|

3. Committee Information

I.D. NUMBER

COMMITTEE NAME

Political Action Committee of The Palm Springs

Police Officers Association

STREET ADDRESS (NO P.O. BOX)

200 S. Civic / P.O. Box

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92263

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Karen Rose

MAILING ADDRESS

200 S. Civic / P.O. Box

CITY STATE ZIP CODE AREA CODE/PHONE

Palm Springs CA 92263

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME LD. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

Attach continuation sheets if necessary

7. 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 information is true and correct.

Executed on 10/20/99 DATE

By [Signature] STANT TREASURER

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>9-21-99</u> through <u>10-19-99</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER <u>95-1841</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Committee of The Palm Springs Police Officers Association.

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ _____	\$ <u>13098</u>	\$ <u>13098</u>
2. Loans Received Schedule B, Line 7	_____	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ <u>13098</u>	\$ <u>13098</u>
Nonmonetary Contributions Schedule C, Line 3	_____	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ <u>13098</u>	\$ <u>13098</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>2150</u>	\$ <u>7802</u>	\$ <u>9952</u>
7. Loans Made Schedule H, Line 7	_____	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2150</u>	\$ <u>7802</u>	\$ <u>9952</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>331</u>	_____	<u>331</u>
10. Nonmonetary Adjustment Schedule C, Line 3	_____	_____	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2481</u>	\$ <u>7802</u>	\$ <u>10283</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>4309</u>
Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>44</u>
15. Cash Payments Column A, Line 8 above	<u>2150</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2203</u>

If this is a termination statement, Line 16 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), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ <u>331</u>

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	_____
21. Expenditures Made	\$ _____	\$ <u>2481</u>

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from <u>9-2-99</u>	CALIFORNIA FORM 460
through <u>10-19-99</u>	
Page <u>4</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Political Action Committee of the Palm Springs Police Officers Association</u>	I.D. NUMBER <u>95-1841</u>
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DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
<u>06-1-99</u>	<u>y</u> <u>Committee</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$ 1000</u>	Calendar Year \$ _____ Other <u>\$ 1000</u>
<u>10-04-99</u>	<u>Stan Barnes</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$ 250</u>	Calendar Year \$ _____ Other <u>\$ 250</u>
<u>10-04-99</u>	<u>Jenny Keller-Spurgin</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$ 250</u>	Calendar Year \$ _____ Other <u>\$ 250</u>
SUBTOTAL \$				<u>1500</u>	

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 2150
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 2150

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 9-21-99
through 10-19-99

SCHEDULE D (CONT.)

CALIFORNIA FORM 460

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NAME OF FILER
Political Action Committee of The Palm Springs Police Officers Association

I.D. NUMBER
95-1841

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
<u>10-19</u>	<u>Will Kleindienst.</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$ 250.</u>	Calendar Year \$ _____ Other \$ <u>250.</u>
<u>10-11-99</u>	<u>Yes on "X" measure.</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	<u>Printing</u>	<u>\$ 400</u>	Calendar Year \$ _____ Other \$ <u>400</u>
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____

SUBTOTAL \$ 650.

**Schedule E
Payments Made**

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

Statement covers period from <u>9-2-99</u> through <u>10-19-99</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Political Action Committee of the Palm Springs Police Officers Association</u>	
I.D. NUMBER <u>95-1841</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Committee of the Palm Springs Police Officers Association

I.D. NUMBER

95-1841

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| Fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| Independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| Campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>"Y" Committee Palm Springs CA. ID# 99-1451</u>	<u>IND</u>		<u>1000.</u>
<u>Stan Barnes Palm Springs CA.</u>	<u>IND</u>		<u>250.</u>
<u>Jimmy Reller-Spurgin Palm Springs CA.</u>	<u>IND</u>		<u>250.</u>

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

SUBTOTAL \$ 1500.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)..... \$ 2150
2. Unitemized payments made this period of under \$100..... \$ _____
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)..... \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 2150

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period from <u>9-21-99</u> through <u>10-19-99</u>	CALIFORNIA FORM 460
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	I.D. NUMBER <u>95-1841</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Political Action Committee of The Palm Springs Police Officers Association.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Will Kleindienst Palm Springs CA</u>	<u>FND</u>		<u>250.</u>
<u>The Print Shop Palm Desert CA</u>	<u>CTB</u>	<u>Printing For Yes on "X" Measure.</u>	<u>400</u>

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

SUBTOTAL \$ 650.

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

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

Statement covers period from <u>9-21-99</u> through <u>10-17-99</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Political Action Committee of the Palm Springs Police Officers Association

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>The Print Shop Palm Desert ca.</u>	<u>Printing for Yes on "X" Measure CTB</u>	<u>0</u>	<u>\$ 730⁵⁴</u>	<u>400</u>	<u>\$ 330⁵⁴</u>
SUBTOTALS \$			\$	\$	\$ <u>330⁵⁴</u>

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$ 330⁵⁴**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$ _____**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 330⁵⁴**
May be a negative number

**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>9-21-99</u> through <u>10-19-99</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Political Action Committee of the Palm Springs Police Officers Association

I.D. NUMBER
95-1841

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>30-99</u>	<u>Palm Springs City Employees c/u. Po. Box 9241 Palm Springs CA 92263</u>	<u>Interest</u>	<u>44</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 44

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ _____
- Unitemized increases to cash under \$100 this period. \$ 44
- Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 44