Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp: CITY OF PALM SPRINGS JAN 12 2001 RECEIVED CITY CLERK

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 07-01-2000 through 12-31-2000

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

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

- ☐ Officeholder, Candidate Controlled Committee *(Also Complete Part 4.)*
- ☐ Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 5.)*
- ☐ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 6.)*
- ☑ General Purpose Committee
  - ○ Sponsored
  - ☑ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 95-1841

COMMITTEE NAME: POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS' ASSOCIATION

STREET ADDRESS (NO P.O. BOX): 200 SOUTH CIVIC DRIVE

CITY: PALM SPRINGS STATE: CA ZIP CODE: 92262 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)

NAME OF TREASURER: ERIC GOYA

MAILING ADDRESS: P.O. BOX [redacted]

CITY: PALM SPRINGS STATE: CA ZIP CODE: 92263 AREA CODE/PHONE: [redacted]

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

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	I.D. 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 foregoing is true and correct.

Executed on 12-31-2000 (DATE) By [redacted] OR ASSISTANT 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

CALIFORNIA FORM **460**

Statement covers period
from 07-01-2000
through 12-31-2000

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: POLITICAL ACTION COMMITTEE 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 (COLUMNS A + B)
1. Monetary Contributions	*Schedule A, Line 3*	$	$	$
2. Loans Received	*Schedule B, Line 7*			
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$	$	$
4. Nonmonetary Contributions	*Schedule C, Line 3*			
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$	$	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$	$	$
7. Loans Made	*Schedule H, Line 7*			
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*	$	$	$

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5036.81
13. Cash Receipts	*Column A, Line 3 above*	
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$

If this is a termination statement, Line 16 must be zero.

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*	$

* 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).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	
21. Expenditures Made	$	

Schedule A
Monetary Contributions Received

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

Statement covers period
from 07-01-2000
through _____

SCHEDUL
CALIFORNIA FORM 46

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, MAILING 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)	CUMULATIVE TO DA OTHER (IF APPLICABLE)
07-19-00	PALM SPRINGS POLICE OFFICER'S ASSOCIATION PO. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☑ OTH		420.00	3325.45	5036.81
07-31-00	BANK OF AMERICA 588 SOUTH PALM CANYON DRIVE PALM SPRINGS CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	1.01	3326.46	5037.82
08:01-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☑ OTH		420.00	3746.46	5457.82
08-30-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☑ OTH		420.00	4166.46	5877.82
08-30-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☑ OTH		420.00	4586.46	6297.82
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. 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 Committe
OTH – Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07-01-2000
through

NAME OF FILER: POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS ASSOCIATION

I.D. NUMBER: 95-1841

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8-31-00	BANK OF AMERICA 588 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	1.16	4587.62	6298.98
09-13-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☐ OTH		420.00	5007.62	6718.98
09-27-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION PO BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☐ OTH		420.00	5427.62	7138.98
09-30-00	BANK OF AMERICA 588 SOUTH PALM CANYON DRIVE PALM SPRINGS, CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	1.31	5428.93	7140.29
10-10-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION PO BOX [redacted] PALM SPRINGS, CA 92263	☐ IND ☐ COM ☐ OTH		420.00	5848.93	7560.29
10-24-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS, CA 92263	☐ IND ☐ COM ☐ OTH		420.00	6268.93	7980.29
			SUBTOTAL $			

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07-01-2000
through

NAME OF FILER: COLLINSAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS ASSOCIATION

I.D. NUMBER: 95-1841

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-31-00	BANK OF AMERICA 588 SOUTH PALM CANYON DRIVE PALM SPRINGS CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	1.64	6270.57	7981.93
11-08-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS, CA 92263	☐ IND ☐ COM ☐ OTH		420.00	6690.57	8401.93
11-20-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION PO BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☐ OTH		425.00	7115.57	8826.93
11-30-00	BANK OF AMERICA 588 S. PALM CANYON DRIVE PALM SPRINGS, CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	2.08	7117.65	8829.01
12-05-00	PALM SPRINGS POLICE OFFICERS' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS, CA 92263	☐ IND ☐ COM ☐ OTH		425.00	7542.65	9254.01
12-19-00	PALM SPRINGS POLICE OFFICER'S' ASSOCIATION P.O. BOX [redacted] PALM SPRINGS CA 92263	☐ IND ☐ COM ☐ OTH		425.00	7967.65	9679.01
			SUBTOTAL $			

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07-21-2000
through 12-31-2000

NAME OF FILER
POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFFICERS' ASSOCIATION

I.D. NUMBER
95-1841

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/29/00	BANK OF AMERICA 588 S. PALM CANYON DR PALM SPRINGS, CA 92262	☐ IND ☐ COM ☑ OTH	INTEREST	1.85	7969.50	9680.86
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				
				SUBTOTAL $		

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other