Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Date Stamp: CITY OF PALM SPRINGS JUL 31 2001 RECEIVED CITY CLERK

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01-01-2001 through 06-30-2001

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

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

Goya Bank 8/14-

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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 07-31-2001 (DATE) By [redacted]

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 01-01-2001 through 06-31-2001

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: POLITICAL ACTION COMMITTEE OF THE PALM SPRINGS POLICE OFC'S ASSOC

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*	$ 4013.96	$	$ 4013.96
Loans Received	*Schedule B, Line 7*			
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4013.96	$	$ 4013.96
4. Nonmonetary Contributions	*Schedule C, Line 3*			
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4013.96	$	$ 4013.96

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ Ø	$ Ø	$ Ø
7. Loans Made	*Schedule H, Line 7*			
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ Ø	$ Ø	$ Ø
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*	$ Ø	$ Ø	$ Ø

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 10,317.43
13. Cash Receipts	*Column A, Line 3 above*	$ 4013.96
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*	$ 14,331.39

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	$ 4013.96	
21. Expenditures Made	$ Ø	

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 01-01-2001
through 06-31-2001

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: 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)
1-30-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA. 92263	☐ IND ☐ COM ☒ OTH	INTEREST	420.00	$8389.50	$104,100.86
01-30-01	BOFA 588 S. PALM CANYON PALM SPRINGS CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$1.20	8390.70	10,102.06
02-13-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA. 92263	☐ IND ☐ COM ☐ OTH	$420.00	420.00	8810.70	10,522.06
02-15-01	BOFA 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☐ OTH	INTEREST	$2.23	8812.93	10,524.29
02-27-01	PSPOA P.O. BOX [redacted] PALM SPRING, CA. 92263	☐ IND ☐ COM ☐ OTH	$420.00	$420.00	9232.93	10,944.29

SUBTOTAL $ 1263.43

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 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.)

Statement covers period from 01-01-01 through 06-31-01

CALIFORNIA FORM 460

NAME OF FILER

I.D. NUMBER

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)
03-28-01	BOFA 588 S. Palm Cyn. Palm Springs, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	9235.16	10,946.52
03-04-01	BOFA 588 S. Palm Cyn. Palm Springs, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$1.20	9236.36	10,947.72
03-13-01	PSPOA PO Box [redacted] Palm Spring, CA 92263	☐ IND ☐ COM ☒ OTH		$420.00	9656.36	11,367.72
03-15-01	BOFA 588 S. Palm Cyn Palm Springs, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	9658.59	11,369.95
03-27-01	PSPOA PO Box [redacted] Palm Springs, CA 92263	☐ IND ☐ COM ☒ OTH		$420.00	10078.59	11,789.95
03-31-01	BOFA 588 S. Palm Cyn Palm Springs, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	10080.82	11,792.18

SUBTOTAL $ 2111.32

*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.)

Statement covers period
from 01-01-2001
through 06-31-2001

CALIFORNIA FORM 460

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)
04-04-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	10,083.05	11,794.41
04-04-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$1.20	10,084.25	11,795.61
04-10-01	PSPOA P.O. BOX. [redacted] PALM SPRINGS, CA 92264	☐ IND ☐ COM ☒ OTH		$420.00	10,504.25	12,215.61
04-15-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	10,506.48	12,217.84
04-24-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH		$420.00	10,926.48	12,637.84
04-30-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	10,928.71	12,640.07

SUBTOTAL $ 847.89

*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 01-01-2001
through 06-31-2001

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)
05-04-01	BOFA 588 S. PALM CYN. PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$1.20	10,929.91	12,641.27
05-08-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA. 92263	☐ IND ☐ COM ☒ OTH		$420.00	11,349.91	13,061.27
05-15-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	11,352.14	13,063.50
05-22-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA 92263	☐ IND ☐ COM ☒ OTH		$420.00	11,772.14	13,483.50
05-31-01	B OF A 588 S. PALM CYN. PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$2.23	11,774.37	13,485.73
06-04-01	BOFA 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH	INTEREST	$1.20	11,775.57	13,486.93

SUBTOTAL $ 846.86

*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.)

Statement covers period
from 01-01-2001
through 06-31-2001

CALIFORNIA FORM 460

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)
06-05-01	PSPOA P.O. BOX [redacted] PALM SPRINGS, CA. 92263	☐ IND ☐ COM ☒ OTH		$420.00	12,195.57	13,906.93
06-15-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA. 92264	☐ IND ☐ COM ☒ OTH		$2.23	12,197.80	13,909.16
06-19-01	PSPOA PO BOX [redacted] PA	☐ IND ☐ COM ☐ OTH		$420.00	12,617.80	14,329.16
06-30-01	B OF A 588 S. PALM CYN PALM SPRINGS, CA 92264	☐ IND ☐ COM ☒ OTH		$2.23	12,620.03	14,331.39
		☐ IND ☐ COM ☐ OTH				
		☐ IND ☐ COM ☐ OTH				

SUBTOTAL $ 844.46

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