Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07-01-2002 through 09-30-2002

Date of election if applicable: (Month, Day, Year) 11-04-2002

Date Stamp: CITY OF PALM SPRINGS CITY CLERK RECEIVED OCT 16 2002

COVER PAGE

CALIFORNIA 2001/02 FORM 460

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For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- ☑ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- ☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 95-1841

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
PALM SPRINGS POLICE OFFICERS' ASSOCIATION POLITICAL ACTION COMMITTEE

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

4. 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 10-15-02 (Date) By [redacted] (Treasurer 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 07-01-2002 through 09-30-2002

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER: 95-1841

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 2.46	$
2. Loans Received	Schedule B, Line 7		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2.46	$
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2.46	$

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 5.69	$ 2.46
21. Expenditures Made	$ 2500.00	$ 1000.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1000	$
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	$ 1000	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 5010.35 ~~5010.35~~
13. Cash Receipts	Column A, Line 3 above	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	2.46
15. Cash Payments	Column A, Line 8 above	1000.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 4012.81

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$

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 07-01-2002
through 09-30-2002

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER: 95-1841

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
7-31-2002	BANK OF AMERICA 588 S. PALM CANYON DRIVE PALM SPRINGS, CA 92262	☐IND ☐COM ☑OTH ☐PTY ☐SCC	INTEREST	.91	.91	
08-30-2002	BANK OF AMERICA 588 S. PALM CANYON DRIVE PALM SPRINGS CA 92262	☐IND ☐COM ☑OTH ☐PTY ☐SCC	INTEREST	.82	1.73	
09-30-2002	BANK OF AMERICA 588 S. PALM CANYON DRIVE PALM SPRINGS, CA 92262	☐IND ☐COM ☑OTH ☐PTY ☐SCC	INTEREST	.73	2.46	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 2.46

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 ..... $ 2.46
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2.46

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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 07-01-2002 through 09-30-2002

SCHEDULE D
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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

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
08-27-2002	SAVE OUR CITY COMMITTEE 1111 TAHQUITZ CANYON WAY #2A PALM SPRINGS, CA 92262 ID# "APPLIED FOR" ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure		1000.00	Calendar Year $ 1000.00 Other $
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ Other $
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Non-Monetary Contribution ☐ Independent Expenditure			Calendar Year $ Other $
			SUBTOTAL $		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 1000.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ Ø
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL $ 1000.00