# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

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Date Stamp: CITY OF PALM SPRINGS JAN 24 2003 RECEIVED CITY CLERK

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Page 1 of 4

For Official Use Only

| Statement covers period | Date of election if applicable: (Month, Day, Year) |
|---|---|
| from 10/20/02 | |
| through 12/31/03 | |

## 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: PO BOX [redacted]

CITY: PALM SPRINGS STATE: CA ZIP CODE: 92263 AREA CODE/PHONE: 71[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER: WALTER COMBS JR

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 1/21/03 (Date) By [redacted] urer

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 10/20/02 through 12/31/02

Page 2 of

I.D. NUMBER 95-1841

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PALM SPRINGS POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 0.55 | $ 1703.01 |
| 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 | $ | $ |

## 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 | $ 1703.01 |
| 21. Expenditures Made | $ 2500.00 | $ 7891.69 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 359.69 | $ 7891.69 |
| 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 | $ 359.69 | $ 7891.69 |

## 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 | $ 1681.37 ~~1640.82~~ |
| 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 | 359.69 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 1321.68 |

*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.

Statement covers period
from _____
through _____

SCHEDULE A
CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| 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) |
|---|---|---|---|---|---|---|
| 1/29/02 | BANK OF AMERICA<br>588 S. PALM CANYON DRIVE<br>PALM SPRINGS, CA 92262 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | INTEREST | 0.26 | 1702.72 | |
| 12/31/02 | BANK OF AMERICA<br>588 S. PALM CANYON DRIVE<br>PALM SPRINGS, CA 92262 | ☐IND ☐COM ☒OTH ☐PTY ☐SCC | INTEREST | 0.29 | 1703.01 | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | |
| | | | | SUBTOTAL $ | | |

## Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ Ø
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 $ 0.55

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

# Schedule E
# Payments Made

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

Statement covers period
from 10/20/02
through 12/31/02

SCHEDULE E
CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER

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

| | | | | | |
|---|---|---|---|---|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| C | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| REBACCA BARRETT DESIGN<br>1881 McMANUS DRIVE<br>PALM SPRINGS, CA 92262 | PRT | | $ 359.69 |
| | | | |
| | | | |

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

SUBTOTAL $

## Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 359.69
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 359.69