

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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COVER PAGE

Date Stamp
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CITY OF PALM SPRINGS
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CITY CLERK

CALIFORNIA
2001/02
FORM 460

Page 1 of 6

For Official Use Only

Statement covers period
from 01-01-05
through 6-30-05

Date of election if applicable:
(Month, Day, Year) 2005

SEE INSTRUCTIONS ON REVERSE

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
- Primarily Formed Ballot Measure Committee
 - 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
(Also file a Form 410 Termination)
- 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
P.O. BOX [REDACTED]

STREET ADDRESS (NO P.O. BOX)
PALM SPRINGS, CA 92263

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

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) MELISSA DESMARRAIS

NAME OF TREASURER
P.O. BOX [REDACTED]
MAILING ADDRESS
PALM SPRINGS CA 92263
CITY STATE ZIP CODE AREA CODE/PHONE
N/A

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 8-16-05
Date

By [REDACTED]
Signature of 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

Statement covers period from <u>01.01.05</u> through <u>06.30.05</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>6</u>
	I.D NUMBER <u>95-1841</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ _____
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ _____

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>1254</u>	\$ <u>1826</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1254</u>	\$ <u>1826</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1254</u>	\$ <u>1826</u>

**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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1661</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>11084</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1254</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>12091</u>

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

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).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01.01.05
through 06.30.05

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PALM SPRINGS POLICE OFFICERS ASSOCIATION

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – Itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- 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
(other than PTY or SCC)
OTH – Other (e.g., business entity)
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.

SCHEDULED

Statement covers period from <u>01-01-05</u> through <u>06-30-05</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PALM SPRINGS POLICE OFFICER'S ASSOCIATION

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>03.08.05</u>	<u>ROD PACHECO FOR DISTRICT ATTORNEY TREASURER</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$250.⁰⁰</u>	<u>\$250.⁰⁰</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$					<u>250.⁰⁰</u>	

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 250.⁰⁰
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 250.⁰⁰

**Schedule E
Payments Made**

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

Statement covers period
from 01-01-05
through 06-30-05

SCHEDULEE
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PALM SPRINGS POLICE OFFICER'S 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. | 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 |
| CVC | civic donations | PET | petition circulating | TEL | t.v or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | IRS | 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
BANK OF AMERICA PALM SPRINGS	PRO	BANK CHARGES	\$12. ⁰⁰
NEW EQUITY PRODUCTIONS	LIT	MAILER FOR MEASURE "B" + "C" CAMPAIGNS	\$992. ⁰⁰

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

SUBTOTAL \$ 1004.⁰⁰

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1004.⁰⁰
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1004.⁰⁰

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 01.01.05
through 06.30.05

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SEE INSTRUCTIONS ON REVERSE

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PALM SPRINGS POLICE OFFICERS ASSOCIATION

I.D. NUMBER

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>01.26.05</u>	<u>PALM SPRINGS POLICE OFFICERS ASSOCIATION</u>	<u>DUES FROM 02/04 TO 02/05</u>	<u>\$11,180.00</u>
<u>01.26.05</u>	<u>MARY BOND COMMITTEE</u>	<u>RETURN OF CAMPAIGN CONTRIBUTION</u>	<u>\$500.00</u>
<u>03.08.05</u>	<u>BANK INTEREST</u>		<u>\$4.00</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 11,684.00

Schedule I Summary

- Itemized increases to cash this period. \$ 11,684.00
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 11,684.00**