COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: RECEIVED CITY OF PALM SPRINGS 2011 OCT 26 AM 10:02 JAMES THOMPSON CITY CLERK

CALIFORNIA FORM **460**

Page 1 of ____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 09/25/11 through 10/22/11

Date of election if applicable: (Month, Day, Year) 11/8/11

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

STREET ADDRESS (NO P.O. BOX)
P.O. BOX [redacted]

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

NAME OF TREASURER
MELISSA DESMARAIS

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 tru[redacted]

Executed on 10/25/11 (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 09/25/11
through 10/22/11

CALIFORNIA FORM **460**

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: PALM SPRINGS POLICE OFFICERS' ASSOCIATION

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*	$ 4500 -	$ 4500 -
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4500 -	$ 4500 -
4. Nonmonetary Contributions	*Schedule C, Line 3*	450.81	6450.81
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4950.81	$ 10950.81

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

6. Payments Made	*Schedule E, Line 4*	$ 36521.93	$ 100,725 -
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 36521.93	$ 100,725 -
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	450.81	$6450.81
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 36,972.74	$ 107,176 -

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
___/___/___	$
___/___/___	$

*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*	$ 35,809 -
13. Cash Receipts	*Column A, Line 3 above*	4500 -
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	1001 -
15. Cash Payments	*Column A, Line 8 above*	36521.93
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 15,788 -

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

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

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*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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 09/24/11
through 10/22/11

Page ____ of ____

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)
10/21/11	RIVERSIDE SHERIFFS' ASSOCIATION / 6215 RIVER CREST DR. STE. A RIVERSIDE, CA 92507	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$4500-	$4500-	$4500-
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4500-
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4500-

*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 C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM **460**

Statement covers period
from 09/24/11
through 10/22/11

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/11	RIVERSIDE SHERIFFS' ASSOCIATION/6215 RIVER CREST DR. STE. A. RIVERSIDE, CA 92507	☐IND ☐COM ☒OTH ☐PTY ☐SCC		AUTOMATED PHONE MESSAGE IN SUPPORT OF LEWIN + GLASS	$450.81	$6450.81	$6450.81
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 450.81

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 450.81
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 450.81

*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.

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period from 09/24/11 through 10/22/11

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: PALM SPRINGS POLICE OFFICERS' ASSOCIATION

I.D. NUMBER: 96-1841

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)
09/28/11	PAUL LEWIN / PALM SPRINGS CITY COUNCIL ☑ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	SIGNS IN SUPPORT OF PAUL LEWIN	$3600-	$3600-	$3600
09/28/11	PAUL LEWIN / STEVE POUGNET / ELIZABETH GLASS — PS CITY COUNCIL ☑ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	FULL COLOR BROCHURE IN SUPPORT OF ALL 3 CANDIDATES	$12363	$12363	$12363
09/28/11	LEE WEIGEL / PALM SPRINGS CITY COUNCIL ☐ Support ☑ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☑ Independent Expenditure	OPPOSITION MAILER	$12000	$12000	$12000
			SUBTOTAL $ 27,963			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 27,963-
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** $ 27,963-

SCHEDULE E

Schedule E
Payments Made

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

Statement covers period
from 09/24/11
through 10/22/11

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
PALM SPRINGS POLICE OFFICERS' 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	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
FREEMAN PUBLIC AFFAIRS	CMP/ IND	CAMPAIGN SIGNS FOR PAUL LEWIN	$3600-
FREEMAN PUBLIC AFFAIRS	IND/ PRT	OPPOSITION MAILERS FOR LEE WIEGEL	$12000-
FREEMAN PUBLIC AFFAIRS	IND/ PRT	SUPPORT MAILERS FOR PAUL LEWIN / ELIZABETH GLASS / STEVE POUGNET	$12363-

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

SUBTOTAL $ 27,963-

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 36,521.93
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 36,521.93

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 09/24/11
through 10/22/11

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: PALM SPRINGS POLICE OFFICERS' 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	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
STEVE CASAVAN	CMP	INSTALLATION OF POLITICAL SIGNS IN SUPPORT OF PAUL LEWIN	$3700 -
FREEMAN PUBLIC AFFAIRS	OFC	TAXES COVERING SERVICES RENDERED	$1404 -
KAMINSKY PRODUCTIONS 68905 VISTA CHINO ROAD CATHEDRAL CITY, CA 92234	PRT	MAILERS FOR MEASURE "J"	$4454.93

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

SUBTOTAL $ 8568.93

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 09/24/11
through 10/22/11

SCHEDULE I
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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 AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/24/11	CITY OF PALM SPRINGS / PSPOA MEMBER DUES	MEMBER DUES	$6000-
10/7/11	CITY OF PALM SPRINGS / PSPOA MEMBER DUES	MEMBER DUES	$3000-
10/21/11	CITY OF PALM SPRINGS / PSPOA MEMBER DUES	MEMBER DUES	$3000-
09/30/11	BANK OF AMERICA	BANK INTEREST	$1.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 12001-

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 12001
2. Unitemized increases to cash of under $100 this period. ..... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 12001