

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED CITY OF PALM SPRINGS 2012 JUL 31 PM 5:05 JAMES THORNTON CITY CLERK	CALIFORNIA 2001/02 FORM 460
Page 1 of 4	For Official Use Only

Statement covers period from <u>5/20/2012</u> through <u>6/30/2012</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Primarily Formed |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Controlled |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="radio"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
95-1841

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Palm Springs Police Officer's Association

STREET ADDRESS (NO P.O. BOX)

P.O. Box [REDACTED]

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
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OPTIONAL: FAX / E-MAIL ADDRESS

simon.min@pspoa.com

Treasurer(s)

NAME OF TREASURER

Simon Min

MAILING ADDRESS

P.O. Box [REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92263	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Lauren Drinkwater

MAILING ADDRESS

P.O. Box [REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92263	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

lauren.drinkwater@pspoa.com

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 Monday, July 30th, 2012
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

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>5/20/2012</u> through <u>6/30/2012</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>4</u>
I.D. NUMBER <u>95-1841</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Police Officer's Association

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>.46</u>	\$ <u>.88</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>.46</u>	\$ <u>.88</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>.46</u>	\$ <u>.88</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>0</u>	\$ <u>8320.66</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>8320.66</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>0</u>	\$ <u>8320.66</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>22,126.62</u>
13. Cash Receipts Column A, Line 3 above	<u>.46</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>12,480.00</u>
15. Cash Payments Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>34607.08</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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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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>

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 5/20/2012
through 6/30/2012

CALIFORNIA FORM 460
Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Palm Springs Police Officer's 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)
5/31/2012	Bank of America	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		.20	.44	
6/29/2012	Bank of America	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		.26	.88	
		<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				

SUBTOTALS .46

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$.46
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** .46

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

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
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Statement covers period
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through 6/30/2012

SCHEDULE I
CALIFORNIA FORM 460
Page 4 of 4

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Palm Springs Police Officer's 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
5/29/2012	City of Palm Springs / PSPOA Member Dues	Member Dues	\$6,240.00
6/13/2012	City of Palm Springs / PSPOA Member Dues	Member Dues	\$3,120.00
6/22/2012	City of Palm Springs / PSPOA Member Dues	Member Dues	\$3,120.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 12,480.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$ 12,480.00
2. Unitemized increases to cash 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 \$ 12,480.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC