

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>07/01/2015</u> through <u>10/17/2015</u>	RECEIVED CITY OF PALM SPRINGS 2015 DEC 21 AM 10:42 JAMES THOMPSON CITY CLERK	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/3/2015</u>	Page <u>1</u> of <u>4</u>	For Official Use Only

Amendment (Explain Below)

Corrected amounts, added voter data costs

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
951841

COMMITTEE/FILER'S NAME
Palm Springs Police Officers Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)
1415 L Street, Ste. 410

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>[REDACTED]</u>

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Wayne Ordos

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>[REDACTED]</u>

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Ginny Poat</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Mayor: Palm Springs</u>	CHECK ONE					
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	<table border="1"> <tr> <td>SUPPORT</td> <td>OPPOSE</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	SUPPORT	OPPOSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/14/2015	Steve Casavan [REDACTED] Palmdale, CA 93550	Yard sign installation	514.00	10,450.11
10/08/2015	Press Print, Inc. 66 Country Club Drive Calimesa, CA 92320	Yard Signs	360.00	10,450.11
10/13/2015	ALCO Printing 3649 San Fernando Road Glendale, CA 91204-	Campaign Mailer	832.04	10,450.11

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from	07/01/2015	
through	10/17/2015	Page <u>4</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Palm Springs Police Officers Association Political Action Committee		951841

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	10,450.11
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 10,450.11

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
Palm Springs City Clerk
ADDRESS (NO. AND STREET)
3200 E. Tahquitz Canyon Way
CITY STATE ZIP CODE
Palm Springs CA 92262

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 12/13/15
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT