

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

J. Kors

Date Stamped
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CALIFORNIA FORM 460

Page 1 of 18
For Official Use Only

Statement covers period
from 10/20/2019
through 12/31/2019

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

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

3. Committee Information

I.D. NUMBER **1376802**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Geoff Kors For City Council, District 3, 2019

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs, CA 92262

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 1585

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs, CA 92263

OPTIONAL: FAX / E-MAIL ADDRESS
williamsonjg@gmail.com

Treasurer(s)

NAME OF TREASURER
James G. Williamson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs, CA 92262

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
williamsonjg@gmail.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 01/30/2020
DATE

Executed on 01/30/2020
DATE

Executed on _____
DATE

Executed on _____
DATE

By James G. Williamson
Signature of Treasurer or Assistant Tr

By Geoffrey R. Kors
Signature of Controlling Officeholder, Candidate, State Measure Propo

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Geoffrey R. Kors

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Palm Springs 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Palm Springs, CA 92262

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>18</u>	
I.D. NUMBER 1376802	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 1,955.56	\$ 110,255.02
2. Loans Received Schedule B, Line 3	.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,955.56	\$ 110,255.02
4. Nonmonetary Contributions Schedule C, Line 3	750.00	10,971.27
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2,705.56	\$ 121,226.29

**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	\$.00	\$.00
21. Expenditures Made	\$.00	\$.00

	Column A	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 9,386.64	\$ 94,804.81
7. Loans Made Schedule H, Line 3	.00	.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 9,386.64	\$ 94,804.81
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	.00	.00
10. Nonmonetary Adjustment Schedule C, Line 3	750.00	10,971.27
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 10,136.64	\$ 105,776.08

**Expenditures 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	\$ 54,074.72
13. Cash Receipts Column A, Line 3 above	1,955.56
14. Miscellaneous Increases to Cash Schedule I, Line 4	.00
15. Cash Payments Column A, Line 8 above	9,386.64
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 46,643.64
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Line 2	\$.00

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.

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents See instructions on reverse	\$ 100.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/20/2019	
through	12/31/2019	Page <u>4</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
Geoff Kors For City Council, District 3, 2019		1376802

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

I.D. NUMBER

1376802

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
10/30/2019	Brian Bond Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director PFLAG	100.00	100.00	100.00 G-2019
10/20/2019	Cary Brazeman Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Services Cary A. Brazeman	100.00	100.00	100.00 G-2019
10/24/2019	California Real Estate Political Action Committee (CREPAC) - 525 South Virgil Avenue Los Angeles, CA 90020 ID: 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500.00	500.00	500.00 G-2019
10/21/2019	Democrats of the Desert 67555 East Palm Canyon Drive C-104 Cathedral City, CA 92234 ID: 870135	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 G-2019
11/01/2019	Sandra G. Hodges Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	500.00 G-2019

SUBTOTAL \$ 1,450.00

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Geoff Kors For City Council, District 3, 2019

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
11/29/2019	Rob Kincaid Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	100.00 G-2019
11/08/2019	Planned Parenthood Action Fund of the Pacific Southwest PAC 1075 Camino del Rio South San Diego, CA 92108 ID: 1280724	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	350.00	350.00 G-2019
11/12/2019	Darrell Tucci Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Development Officer Desert AIDS Project	27.78	222.24	222.24 G-2019
12/09/2019	Darrell Tucci Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Development Officer Desert AIDS Project	27.78	250.02	250.02 G-2019
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

SUBTOTAL \$ 505.56

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Geoff Kors For City Council, District 3, 2019

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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 checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 1,955.56
2. Amount received this period - unitemized monetary contributions of less than \$100.	\$.00
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 1,955.56
SUBTOTAL \$.00	

* 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 B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Geoff Kors For City Council, District 3, 2019

I.D. NUMBER

1376802

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____		_____% RATE \$ _____		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____		\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION**

Schedule B Summary

1. Loans received this period ----- \$.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ----- \$.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ----- **NET \$** .00
Enter the net here and on the Summary Page, Column A, Line 2 (May be a negative number)

* 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

SUBTOTALS \$	\$	\$	\$	\$
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*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on Schedule E, Line 3)
FPPC Form 460 (Jan 2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule B - Part 2
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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Geoff Kors For City Council, District 3, 2019

I.D. NUMBER

1376802

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR DATE \$ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on Summary
Page, Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF 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)
11/03/2019	Roly China Fusion 1107 North Palm Canyon Drive Palm Springs, CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		In-kind contribution of beverages and food for Pride parade reception	750.00	750.00	750.00 G-2019

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ <u>750.00</u>
2. Amount received this period - unitemized nonmonetary contributions of less than \$100.	\$ <u>.00</u>
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 \$ <u>750.00</u>

* 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

SUBTOTAL \$

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER Geoff Kors For City Council, District 3, 2019	I.D. NUMBER 1376802
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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)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	-----	\$.00
2. Unitemized contributions and independent expenditures made this period of under \$100	-----	\$.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	-----	TOTAL \$.00

SUBTOTAL	\$	
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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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Geoff Kors For City Council, District 3, 2019		1376802

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
Agustin Arreola Palm Desert, CA 92260	SAL		Office staff salaries	1,640.00
Celina Avalos Palm Desert, CA 92211	SAL		Office staff compensation	1,340.00
Desert Promotional Embroidery, LLC 68915 Vista Chino Cathedral City, CA 92234	CMP		Promo materials/t-shirts	141.38
Gay Desert Guide 555 South Sunrise Way Palm Springs, CA 92264	PRT		Print ad	200.00
SUBTOTAL \$				3,321.38

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Kors For City Council, District 3, 2019

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
Chel Hilderbrandt Palm Desert, CA 92260	MTG	Delivery of golf cart for Pride parade	150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-650 San Diego, CA 92116	WEB	Compliance software	250.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-650 San Diego, CA 92116	WEB	Compliance software	250.00
Morel Ink 4824 NE 42nd Ave Portland, OR 97218	LIT	Mailer	2,491.22
SUBTOTAL \$			3,141.22

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/20/2019	
through	12/31/2019	Page 13 of 18
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Geoff Kors For City Council, District 3, 2019		1376802

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Geoff Kors For City Council, District 3, 2019

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
Savvy Communications 2513 Manchester Road Louisville, KY 40205	PHO	Text calls	1,538.00
Secretary of State Political Reform Division 1500 11th Street, Rm 495 Sacramento, CA 95814	FIL	Annual filing fee & late penalty	200.00
Stones Phones 41750 Rancho Las Palmas Drive Suite E-3 Rancho Mirage, CA 92270	PHO	Auto calls	356.30
United States Post Office 333 East Amado Road Palm Springs, CA 92262	POS	Stamps	175.00

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

SUBTOTAL \$ 2,269.30

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1376802

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

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
United States Post Office 333 East Amado Road Palm Springs, CA 92262	POS	Stamps	105.00
United States Post Office 333 East Amado Road Palm Springs, CA 92262	POS	Stamps	35.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,871.90
2. Unitemized payments made this period of under \$100.	\$ 514.74
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 9,386.64
SUBTOTAL \$ 140.00	

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

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA	FORM	460	
from	10/20/2019				
through	12/31/2019	Page	15	of	18
NAME OF FILER		I.D. NUMBER			
Geoff Kors For City Council, District 3, 2019		1376802			

SEE INSTRUCTIONS ON REVERSE

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ----- **INCURRED TOTALS \$** .00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ----- **PAID TOTALS \$** .00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ----- **NET \$** .00

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

SUBTOTALS	\$	\$	\$	\$
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/20/2019	
through	12/31/2019	Page 16 of 18
NAME OF FILER		I.D. NUMBER
Geoff Kors For City Council, District 3, 2019		1376802
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

TOTAL * \$

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER

Geoff Kors For City Council, District 3, 2019

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

SUBTOTALS \$ \$ \$ \$

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>10/20/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Geoff Kors For City Council, District 3, 2019

I.D. NUMBER

1376802

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. _____	\$ _____	.00
2. Unitemized increases to cash of under \$100 this period. _____	\$ _____	.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)). _____	\$ _____	.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) _____	TOTAL \$ _____	.00

SUBTOTAL \$