

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 3-29-09
through 9-19-09

Date of election if applicable:
(Month, Day, Year)
11-3-09

Date Stamp	Received SEP 21 2009
CALIFORNIA FORM 460	
Page <u>1</u> of <u>19</u>	For Official Use Only
D. H. S. CITY CLERK	

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officerholder, 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 Candidate/Officerholder Committee (Also Complete Part 6)
 - Primarily Formed Candidate/Officerholder 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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to elect Yvonne Parks
Mayor 2009

I.D. NUMBER
1299651

Treasurer(s)

NAME OF TREASURER
YVONNE PARKS

STREET ADDRESS (NO P.O. BOX)
68787 PROSPECT WAY
CITY
DESERT HOT SPRINGS CA 92240 STATE
ZIP CODE
(760) 902-6655 AREA CODE/PHONE

MAILING ADDRESS
68787 PROSPECT WAY
CITY
DESERT HOT SPRINGS, CA 92240 STATE
ZIP CODE
(760) 902-6655 AREA CODE/PHONE

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

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 9-21-09 Date
Executed on 9-21-09 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE YVONNE PARKS
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) MAYOR - DESERT HOT SPRINGS
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
18787 PROSPECT WAY DESERT HOT SPRINGS, CA 92240

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 SUPPORT OPPOSE

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA
 FORM
460

Statement covers period
 from 3-29-09
 through 9-19-09

Page 3 of 19

ID. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YODDIE PARKS MAYOR 2009

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>23109</u>	\$ <u>23109</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>23109</u>	\$ <u>23109</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>99</u>	<u>99</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>23208</u>	\$ <u>23208</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

6. Payments Made	Schedule E, Line 4 \$ <u>15665.16</u>	\$ <u>15665.16</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>15665.16</u>	\$ <u>15665.16</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>15665.16</u>	\$ <u>15665.16</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>4806.66</u>
13. Cash Receipts	Column A, Line 3 above <u>23109.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>15665.16</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>12250.50</u>

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

Cash Equivalents and Outstanding Debts

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

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).

Schedule A
Monetary Contributions Received

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

Statement covers period
from 3-29-09
through 9-19-09

Page 4 of 19

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

I.D. NUMBER
1299651

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)
3/29/09	KAY HAZEN & CO 1005 SUNRISE STE 296 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	CONSULTANT	100.00		
3-30-09	A-DKAD ENGINEERS 6820 AIRPORT DR RIVERSIDE, CA. 92504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
3-30-09	MAUREED WILLIAMS 9757 VALENTIA DR. DESERET HOT SPRINGS, CA 92540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
3-31-09	ALLARD ENGINEERING INC 8253 SIERRA STE 105 FONTHUA, CA. 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
4-1-09	MARION ASHLEY 1335 RIMROCK DR. PERRIS, CA. 92570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPV. ST. COUNTY OF RIVERSIDE	200.00		
SUBTOTAL \$				<u>1,000</u>		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19745.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 3364

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 23109.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

SCHEDULE A (CONT.)
CALIFORNIA
FORM
460

Page 5 of 19

NAME OF FILER COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009 I.D. NUMBER 1299651

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
4-30-09	OSBERT STEIN 46930 W. ELDORADO DR. INDIAN WELLS, CA. 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
4-30-09	COLE BURK 35560 DE PORTOLA RD. TEMECULA, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRES. BURK-TEA WASTE IND.	500.00		
4-30-09	TRACY BURK 35560 DE PORTOLA RD TEMECULA, CA. 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICER BURK-TEA WASTE IND	500.00		
4-7-09	TEAM GROUP 3130 B WILAND EMPIRE BLVD DUTRARIO, CA 91764	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
4-7-09	BURKE RIX HINES ASSOC INC 777 TANKQUITZ CANYON WAY PALO SPRINGS CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
SUBTOTAL \$				2600		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**

Page 6 of 19

NAME OF FILER COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009 I.D. NUMBER 1299651

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)
4-8-09	ALBERT A. WEBB ASSOCIATES CIVIL ENGINEERS 3788 MCGRAW ST RIVERSIDE CA. 92506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
4-8-09	TOM P. MOEN JR. 13201 DEODAR AVE DESERT HOT SPRINGS, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FUNERAL DIRECTOR	100.00		
4-8-09	ALTA HESTER 12370 AVEUIDA SERENA DESERT HOT SPRINGS, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
4-9-09	CANDY DAY - COM PARTY # 222 3194 AIRPORT LOOP DR COSTA MESA CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
4-15-09	YOUSSEF BLYTHAN WYAN 355 E 72 ND ST APT 106H NEW YORK, NY 10021-4655	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
SUBTOTAL \$				650.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

Page 7 of 19

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**

NAME OF FILER: COMMITTEE TO ELECT YVONNE PARRIS MAYOR 2009 I.D. NUMBER: 1289651

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)
4-15-09	BRIAN HARRIK 73901 SHADOW LAKE DR PALM DESERT, CA. 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	100.00		
4-27-09	PAM TUSCHNER 93-319 BARKED ARROW TRAIL PALM DESERT, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT	250.00		
5-1-09	JAN MAREIA PYE 255 N. BEL DFIELD #1194 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	CPA	100.00		
5-4-09	LINDA BLAKE 12705 INATA ST. DESERT HOT SPRINGS, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
5-19-09	L/2A TORRAN, 6931 STANFORD AVE LOS ANGELES, CA 90001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00		
SUBTOTAL \$				750.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

Page 8 of 19

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**

NAME OF FILER: COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009 I.D. NUMBER: 1299651

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)
5-22-09	JOHN M. DREEPE 67245 BUTINA RD CATHEDRAL CITY CA. 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> SOM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00		
5-27-09	DHS REPUBLICAN BOARD 8731 OAKMOUNT BLVD DESERT HOT SPRINGS, CA 92240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
6-25-09	WINTER ENERGY LTD 1090 N. PALM CANYON DR 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		2500.00		
7-16-09	GEORGE STETLER 31855 DATE PALM SPC CATHERAL CITY CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSURANCE AGENT	100.00		
7-10-09	MARC KLEIMAN 8037 SAHOLMESHIP IRVINE, CA. 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROKER	547.00		
SUBTOTAL \$				3447.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

Page 9 of 19

CALIFORNIA
FORM
460

NAME OF FILER: COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009 I.D. NUMBER: 1299651

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)
7-11-09	C REG LANZING 12770 HIGH BLUFF DR ST160 SAN DIEGO, CA. 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INDUSTRIAL	1,000.00		
7-12-09	STACIE LEE & JIM HOUSTON 345 N. VIA LAS PALMAS 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	BUSINESSMAN	250.00		
7-14-09	LAUNDA & BOB 3194 AIRPORT BLVD #0-2 COSTA MESA, CA. 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	
7-15-09	DOUBA WARDEN 15300 PALM DR. #102 DESERT HOT SPRINGS CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00		
7-15-09	JAMES KOZAK 12770 HIGH BLUFF DR ST160 SAN DIEGO CA. 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STRATEGIC LAND PRACTICES	1,000.00		
SUBTOTAL \$				260.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**

Page 12 of 19
LD NUMBER
1299651

DATE RECEIVED	NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
7-15-09	COMMITTEE TO ELECT WOODIE PARRS MAYOR 2009	MARIO CONZALES 36-875 PINE PALM DR. CATHEDRAL CITY, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER BUILDER	500.00		
7-15-09		CHRIS LUCKER 10401 WILSHIRE BLVD #1017 LOS ANGELES, CA. 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLITICAL CONSULTANT	500.00		
7-15-09		GARY JEAN DRON 255 N. EL CIELO STE 14027 PALM SPRING, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOARD MEMBER P SUSID	100.00		
7-15-09		KARL BAKER P.O. BOX 327 DESBERT HOT SPRINGS, CA 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNCILMAN DHS	100.00		
7-13-09		ALBERT A. WILCOX ASSOC. 3788 MCCRAY ST RIVERSIDE, CA 92506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		198.00	298.00	
SUBTOTAL \$					<u>1398.00</u>		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 3-29-09
through 9-19-09

Page 11 of 19

ID NUMBER

1299651

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
7-13-09	MATTOTT CORP P.O. BOX 2000 STND BEAUMOND, CA. 92412	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		2500.00		
7-16-09	AMERICAN PROMOTIONAL FEDERATION 652 N. CILBERT ST. FULLERTON, CA. 92833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		258.00		
7-17-09	GRAVITIE CONSTR. CORP P.O. BOX 50085 WATSONVILLE, CA. 95077	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		200.00		
7-16-09	ELAINE HEUDERSON 10 STERLING PLACE RANCHO MIRAGE CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	RETIRED	100.00		
7-25-09	LINDOLN CLUB OF PALM SPRINGS 1217 E. VISTA CHINA RD STE 7 PMA 182 PALM SPRINGS CA 92262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SOC	ID# 1261806	1000.00		
SUBTOTAL \$				4050.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 3-29-09
 through 9-19-09
 Page 12 of 19
 CALIFORNIA
 FORM
460
 SCHEDULE A (CONT.)

NAME OF FILER
COMMITTEE TO ELECT YVONNIE PARKS MAYOR 2009
 I.D. NUMBER
1299651

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# 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)
8-5-09	RICHARD GRONWELL P.O. BOX 1207 DESERT HOT SPRINGS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	CONSULTANT	150.00		
8-11-09	WINTER ENERGY LTD 1090 N. PALM CANYON DR PALM SPRINGS CA 92262 STE H	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		2500.00	5000.00	
8-15-09	PATRICIA GOTTLIEB-DIGAR P.O. BOX 413 PALM SPRINGS CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Board member DESERT WATER AGENCY	100.00		
8-31-09	ROGER SNIELLEN BERGER IND P.O. BOX 1399D PALM DESERT, CA 92255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	DEVELOPER	500.00		
SUBTOTAL \$				3250.00		

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

**Schedule JC
Nonmonetary Contributions Received**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 3-29-09
through 9-19-09

CALIFORNIA
FORM **460**

Page 13 of 19

I.D. NUMBER
1299651

COMMITTEE TO ELECT VONNIE PARKS MAYOR 2009

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)
9-20-09		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FOOD FOR SUPPER	99		
		<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 \$					99		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 99.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 99.00
- 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 \$ 99.00

*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 E
Payments Made**

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

SCHEDULE E
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PETER MAYOR 2009

Statement covers period
from 3-29-09
through 9-19-09

Page 14 of 19
I.D. NUMBER
1299651

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OWP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OPC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
<i>MAIL 2000 1431 MARIPOSA DR CROONA, CA. 92879</i>	<i>LT</i>			<i>168.92</i>
<i>CAFFRI ITALIAN RESTAURANT 12260 PALM DR. DESERT HOT SPRINGS, CA 92240</i>	<i>FND</i>			<i>308.00</i>
<i>INLAND PRINT WORKS 9671 MARENDA AVE RIVERSIDE, CA 92503</i>	<i>LT</i>			<i>706.82</i>
SUBTOTAL \$				<i>1175.74</i>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 15665.16
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 \$** 15665.16

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 3-29-09
through 9-19-09

Page 15 of 19

CALIFORNIA
FORM **460**

I.D. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YUBBLE PARKS MAYOR 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CAP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MIG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRI print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
MIKE WILLIAMS THE WILLIAMS CO. 3711 A ARLINGTON AVE RIVERSIDE, CA 92506	CNS		831.97
PAMELA ZAVIELLI 6871 MAGNOLIA AVE STE C BUREAU PARK, CA 90621	CNS		2500.00
WILFRED PRINT WORKS 9671 MAGNOLIA AVE RIVERSIDE, CA 92503	LT		689.00
DOT REED 66133 SANYA ROSA RD DESERT HOT SPRINGS, CA 92240	FND		206.60
SEAN KEARSE 66133 SANYA ROSA RD DESERT HOT SPRINGS, CA 92248	FND		100.00

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

SUBTOTAL \$ 4327.57

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 3-29-09
through 9-19-09

CALIFORNIA
FORM **460**
Page 16 of 19
I.D. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT VONNIE PARKS MAYOR 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MIS meetings and appearances
- OCF office expenses
- FET petition circulating
- FHO phone banks
- FOI polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RTD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
POLITICAL DATA INC P.O. BOX 1706 BURBANK, CA. 91507	CNP			97.39
MIKE WILLIAMS CO. 3711 ARLINGTON AVE RIVERSIDE, CA 92506	CNS			1275.00
MAIL 2000 1431 MARIPOSA DR CORONA, CA. 92879	LT			194.44
THE UPS STORE 14080 PALM DR STE D DESERT HOT SPRINGS, CA 92240	LT			1095.82
VONNIE'S GROCER 14200 Palm Drive DESERT HTS SPRINGS	PRO			28.84
SUBTOTAL \$				2671.49

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

**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 3-29-09
through 9-19-09

CALIFORNIA
FORM **460**

Page 17 of 19

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

NAME OF FILER DAMITTE TO BILLY YISWINE PARKS MAYOR 2009

1299651

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CAP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- REF returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
DOT REED 66133 SAUWA ROSA RD DESERT HOT SPRINGS CA 92240	FND		Celebrating for Campaign Bonneville meeting	60.47
DESERT LOCAL NEWS 65911 7th St. DESERT HOT SPRINGS, CA.	PRT	WEB	on-line news chatting	1388.00
POLITICAL DATA INC P.O. Box 1786 BARBANK, CA 91507	CMF		phone books walk beats	163.03
THE UPS STORE 14080 PACIFIC DR. STE D DESERT HOT SPRINGS, CA 92240	LT			497.72
SEAN KEFFER 66133 SAUWA ROSA RD DESERT HOT SPRINGS, CA 92240	FND			100.00
SUBTOTAL \$				2189.22

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

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 3-29-09
through 9-19-09

CALIFORNIA
FORM **460**

Page 18 of 19

I.D. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TLE t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
THE UPS STORE 14080 PALM DE STEAD DESERT HOT SPRINGS, CA 92240	LIT			424.39
DAVID FARBER PHOTOGRAPHY P.O. BOX 3208 PALM SPRINGS, CA. 92263	LIT			125.00
CITY OF DESERT HOT SPRINGS 65950 PIERSON BLVD DESERT HOT SPRINGS, CA 92240	FIL		CANDIDATE STATEMENT	325.00
PAMELA ZANWELL 6871 MAGNOLIA AVE STE C BUENA PARK, CA. 90621	CNS			2500.00
COGS SOUTH 3309 S. MAIN ST SANITA ANA, CA. 92207	LIT		SIGNS	1826.75

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

SUBTOTAL \$ 5201.14

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 3-29-09
through 9-19-09

CALIFORNIA
FORM **460**
Page 19 of 19

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PARKS MAYO R 2009 I.D. NUMBER 1299651

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| OPF | campaign paraphernalia/misc. | MEM | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | REF | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PEI | petition circulating | TEL | t.v. or cable airtime and production costs |
| FL | candidate filing/ballot fees | PHD | phone banks | TRC | candidate travel, lodging, and meals |
| RND | 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 | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | RPO | professional services (legal, accounting) | VOT | voter registration |
| LT | 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
<u>FRIENDS OF SCOTT MATTHEWS</u> <u>14080 COUNDELMAN DRIVE, STE D PMB 481</u> <u>DESERT HOT SPRINGS CA 92240</u>	<u>CTB</u>		<u>ID # 1318494</u>	<u>100.00</u>

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

SUBTOTAL \$ 100.00