

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84218.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-07
through 7-13-07

Date of election if applicable:
(Month, Day, Year)
11-8-05

Date Stamp	Received	CALIFORNIA 460
JUL 16 2007		2007/02
	D.H.S. CITY CLERK	FORM
Page <u>1</u> of <u>6</u>		
For Official Use Only		

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officer/holder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 9)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 9)
 - Primarily Formed Candidate/Officer/holder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preliminary Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preliminary Statement - Attach Form 495
- Change of Treasurer*

3. Committee Information

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

STREET ADDRESS (NO P.O. BOX)
YVONNIE PARKS

CITY DESERT HOT SPRINGS CA 92240 STATE CA ZIP CODE 92240 AREA CODE/PHONE (760) 399-3676

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
DESERT HOT SPRINGS CA 92240

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
YVONNIE PARKS

MAILING ADDRESS
65877 AVENIDA PICO

CITY DESERT HOT SPRINGS CA 92240 STATE CA ZIP CODE 92240 AREA CODE/PHONE (760) 329-3676

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 true and correct.

Executed on 7-16-07 Date

By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

Type or print in Ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
YVONNE PARKS
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COVINGTON
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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	ID. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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	ID. 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

Statement covers period
from 7-1-07
through 7-13-07

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FORM **460**
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I.D. NUMBER
1257107

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YVONNE PARKS

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>0</u>	\$ <u>0</u>
2. Loans Received	Schedule B, Line 3 \$ <u>1013.197</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>1013.197</u>	\$ <u>0</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>1013.197</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>737.53</u>	\$ <u>0</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>737.53</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>129.537</u>	\$ <u>1013.19</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>0</u>	\$ <u>1013.19</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>737.53</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>1013.197</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>737.53</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>	
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ _____	
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	See instructions on reverse \$ _____	
19. Outstanding Debts	Add Line 2 + Line 8 in Column B above \$ _____	

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).

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections
7/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____
21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(if subject to Voluntary Expenditure Limit)
Date of Election _____ Total to Date
(mm/dd/yy) \$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule B - Part 1
Loans Received

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

SCHEDULE B - PART 1
CALIFORNIA
FORM 460

Statement covers period
from 7-1-07
through 7-13-07

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YVONNE PARKS

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**
				PAID	FORGIVEN				
<u>YVONNE PARKS</u> <u>65877 ADELIDA PIKE</u> <u>DESERT HOT SPRINGS CA</u> <u>92540</u>	<u>RETIRED</u>	<u>1013.19</u>	<u>0</u>	<input checked="" type="checkbox"/> PAID <u>1297.53</u>	<input checked="" type="checkbox"/> FORGIVEN <u>275.66</u>	<u>0</u>	<u>0</u>	<u>1013.19</u>	<u>1013.19</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	RATE % _____	DATE INCURRED _____	CALENDAR YEAR PER ELECTION** _____
SUBTOTALS \$		\$ 1613.19	\$ 0	\$ 0	\$ 0	0	0	0	0

(Enter (a) on
Schedule E, Line 2)

- Schedule B Summary**
- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
\$ 0
 - Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
\$ 1013.19
 - Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.
NET \$ 1013.19

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

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

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-07
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NAME OF FILER YVONNE PARKS

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

OPP	campaign paraphernalia/misc.	MER	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	PEP	petition circulating	TEL	tv or cable airtime and production costs
FL	candidate filing/ballot fees	PHD	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	PRI	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>YVONNE PARKS</u> <u>65877 AVELIDA PICO</u> <u>DESERT HOT SPRINGS CA 92240</u>	<u>LIT</u>		<u>personally paid vendor for campaign sign because not enough money in campaign account.</u>	<u>737.53</u>
SUBTOTAL \$				<u>737.53</u>

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 737.53
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 737.53

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 2/1-07
through 7/13-07

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1257107

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
YVONNE PARKS

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/ballot fees
FND fundraising events
ND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

MEM member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHD 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
RAD 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 (internal, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID 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
YVONNE PARKS 65877 AVENIDA PICO DESERT HOT SPRINGS CA 92240	LT	1813.19	0	737.53	275.66
SUBTOTALS \$		<u>1813.19</u>	<u>0</u>	<u>737.53</u>	<u>275.66</u>

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

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 \$** 0

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 \$** 737.53

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 \$** 737.53