

**Re) Committee
Camp Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print name

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7-1-11</u> through <u>9-24-11</u>	Date of election if applicable: (Month, Day, Year) <u>11-8-11</u>	Date Stamp Received SEP 29 2011 D. H. S. CITY CLERK	Page <u>1</u> of <u>12</u> For Official Use Only
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- 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 Candidate/Officeholder Committee (Also Complete Part 7)
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)

- 2. Type of Statement:**
- Election 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 I.D. NUMBER 1299651

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT YVONNE PARRIS
MAYOR 2011

STREET ADDRESS (NO P.O. BOX)
68787 PROSPECT WAY (760) 902-6655
CITY DESERT HOT SPRINGS, CA 92240
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET/DR P.O. BOX

NAME OF TREASURER
YVONNE PARRIS

MAILING ADDRESS
68787 PROSPECT WAY
CITY DESERT HOT SPRINGS, CA 92240 (760) 902-6655
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
FAX (760) 329-1146 EMAIL PARRIS.YVONNE@LETSMAL.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 9-29-11
Date

Executed on 9-29-11
Date

Executed on _____
Date

By Yvonne Parris
Signature of Treasurer or Assistant Treasurer

By Yvonne Parris
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or in Ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460
Page 2 of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
YVONNE PARRS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR CITY OF BEAVER HOLE SPRINGS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
18882 Rossmore Way DHS 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	CONTROLLED COMMITTEE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER		
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	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**

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

SUMMARY PAGE

Statement covers period
from 7-1-11
through 9-24-11

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CALIFORNIA FORM **460**

ID. NUMBER 1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YLONKE PARKS MAYOR 2011

Contributions Received

	Column A TOTAL THIS PERIOD (PRORATED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ 11,378	\$ 11,378	1/1 through 6/30
2. Loans Received	Schedule B, Line 3 0	0	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 11,378	\$ 11,378.00	
4. Nonmonetary Contributions	Schedule C, Line 3 19,468	19,468	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 30,846	\$ 30,846	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 16,527.74	\$ 18,517.74	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
7. Loans Made	Schedule H, Line 3 0	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 16,527.74	\$ 18,517.74	Date of Election (mm/dd/yy)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0	Total to Date
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 16,527.74	\$ 18,517.74	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,846.66	
13. Cash Receipts	Column A, Line 3 above 11,378.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 16,527.74	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 12,571.92	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

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.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-5772)

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

or print in ink.
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-11 through 9-24-11

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NAME OF FILER COMMITTEE TO ELECT VIOLORE DARTS MAYOR 2011

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 OR BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-20-11	DR. PAUL M. ROSS 69809 MATISSE DR CATHEDRAL CITY CA 92234	IND COM OTH PTY SCC	SELF CHILD PRACTR	100		
8-20-11	LYNN F. COCKER 69814 CAMINO PACIFIC RANCHO MIRAGE CA 92270	IND COM OTH PTY SCC	CONSULTANT REAL ESTATE	100		
8-20-11	GARY STEADSON 255 N. ELFIELD PALM SPRINGS CA 92262	IND COM OTH PTY SCC	RETIRED	150		
8-20-11	SOTIRIA AVRANIDIS 66029 AVENIDA BARONA DISSERT HOT SPRINGS, AR	IND COM OTH PTY SCC	OWNER RESTAURANT	100		
8-20-11	CLEND MILLER 48760 PEAR ST MIDDIE, CA. 92201	IND COM OTH PTY SCC	MGR. COLF-COURSE	100		
SUBTOTAL \$				550		

Schedule A Summary

- Amount received this period - itemized monetary contributions. (include all Schedule A subtotals) \$ 8100
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 3278
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 11378

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-11 through 9-24-11

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IO NUMBER 1299651

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT VIOLE PARKS MARKER

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)
8-20-11	STEFFANI MILLER 48760 PEAR ST JUDIO, CA. 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	P.R. FACTORY BUZZ PALM SPRINGS CA	100		
8-20-11	MICHAEL CHEDESTER 1139 PASADENA RD 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	MANAGER THE LIVING DESERT PALM DESERT, CA	100		
8-20-11	SIDNEY CRAIG 2240 MIRAMONTE CIR PALM SPRINGS, CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	TERRI ALBAID 627 6 PAL CT WPLAND, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SECURITY TSA ONTARIO AIRPORT	100		
8-20-11	RITA MARTIN P.O. Box 6699 BIRBANK, CA 91510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME-MARKER	250		
SUBTOTAL \$				650		

Schedule A Summary

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

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-11 through 9-24-11

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NAME OF FILER COMMITTEE TO ELECT VONNE PARKS MAYOR 2011

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)
8-20-11	DARLENE CASSELL 81935 MOUNTAIN VIEW LN LA QUINTA, CA 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FREE LANCE REPORTER	100		
8-20-11	JEANETTE ALLARD 12889 DOVE WOOD DR RANCHO CUCAMONGA, CA 91739	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	M. BLUMBERG P.O. BOX 13113 PALM DESERT CA 92255	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DESERT ARE	100		
8-20-11	JAN HARVEK 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	COUNCILWOMAN CITY OF PALM DESERT	250		
8-20-11	THE GRADY FAMILY 9654 DEL RAY LN LLC 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		250		
SUBTOTAL \$				800		

Schedule A Summary

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

*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
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 9-1-11
through 9-24-11

CALIFORNIA
FORM **460**
Page 7 of 12
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)
8-20-11	MARJORIE DEEDS 15500 BUBBLINK WELLS RD SPC 89	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	DESERT HT SPRINGS CA 92240 THOMAS STUART	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	1037 TAMARISK RD 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	REALTOR / GROUP BROKER REALTY	150		
8-20-11	DOROTHY WILKREN 16910 CALE CASITA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	DESERT HT SPRINGS CA 92240 MAUREEN WILKINS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	DESERT HT SPRINGS CA BARBARA EASTMAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
8-20-11	DESERT HT SPRINGS CA 92240 15300 PALM DR SPC 214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100		
SUBTOTAL \$				550		

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

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-11 through 9-24-11

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CALIFORNIA FORM **460**

LD 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)
8-20-11	ROBERT ROSS 92 LAKE SHORE DR RANDOLPH MIRAGE, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOYS + GIRLS CLUB OF CARUTELLA VALLEY	100		
8-20-11	BAR ONE LLC 8591 WAREWICK DR 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		100		
8-20-11	RADIGAN COMPANY P.O. BOX 2806 PALO VERDES CA 92263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
8-20-11	INTERNATIONAL M/SS INC 509 W. BATEMAN AVE CORONA, CA 92880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200		
8-20-11	DESERTFAIRE LAND CO LLC P.O. BOX 490 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		100		
SUBTOTAL \$				1000		

Schedule A Summary

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

***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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Yvonne Parks Mayor 2011

Statement covers period from 7-1-11 through 9-24-11

Page 9 of 12
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)
8-20-11	RICHARD CROMWELL III P.O. Box 1207 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	CONSULTANT CLEAN ENERGY	200		
8-20-11	TOM MARTIN P.O. Box 6699 BURBANK, CA 91510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADVERTISING CONSULTANT	250		
8-20-11	D VE LANDO LLC 1090 N Palm Canyon St PALM SPRINGS CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500		
7-20-11	ALTA HEETER 12370 AVE 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		
SUBTOTAL \$				3050		

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

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9-1-11 through 9-24-11

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I.D. NUMBER 1299651

NAME OF FILER COMMITTEE TO ELECT YVONNE PARRS MAYOR 2011

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)
8-25-11	ELAINE HENDERSON 10 STERLING PL RANCHO MIRAGE 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		
8-25-11	TOM D. HILE P.O. Box 580912 NORTH PALM SPRINGS CA. 92258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	200		
8-25-11	TRAYNE LEE HOUSTON 345 N VIA LAS PALMAS PALM SPRINGS CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER KSP2 TV THOUSAND PALMS	1,000		
8-25-11	ROBIN MONTCOMERY 375 EL RETAL PALM SPRINGS CA 92264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR PEBASIS RIDING ACADEMY	100		
8-25-11	TRITTY PARTNERS PROPERTY GROUP 5305 E. SECOND ST #204 LAKE BEACH, CA 91823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100		
SUBTOTAL \$				<u>1500</u>		

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

*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 C
Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Statement covers period
 from 7-11-11
 through 9-24-11

CALIFORNIA
 FORM
460
 SCHEDULE C

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COMMITTEE TO ELECT VANCE PARRS MAYOR 2011 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8-20-11	GINGER HITZKE HITZKE DEVELOPMENT 251 AUTUMN DRIVE #100 SAND MARCO, CA 92069	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		BIRTHDAY PARTY AND PARTY SUPPLIES IN LION & GIFT	19,467.59		
		<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 \$					19,467.59		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
 (Include all Schedule C subtotals) \$ 19,467.59
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
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 \$ 19,467.59

*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 **Not in tax.**
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9-1-11
through 9-24-11

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CAIFORNIA
FORM
460

SCHEDULE
ID. NUMBER
1299657

NAME OF FILER
COMMITTEE TO ELECT YVONNE PRICIS MAYOR 2011

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

OPF	campaign paraphernalia/misc.	MER	member communications	RAD	radio airtime and production costs
ONS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PEI	petition circulating	TBL	TV or cable airtime and production costs
FL	candidate filing/balot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
RND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	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 (* COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE UPS STORE 14080 PALM DR STE D DESERT HOT SPRINGS, CA. 92240	LIT			152.74
CITY OF DESERT HOT SPRINGS 65950 PINESON BLVD DESERT HOT SPRINGS, CA 92240	FILE			375.00
THE DESERT SUN 750 NORTH GAVIE AVENUE TRAIL PALM SPRINGS, CA. 92262	PRT			1125.00
SUBTOTAL \$				<u>1652.74</u>

* 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.) \$ 1652.74
2. Unitemized payments made this period of under \$100 \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1652.74