

**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 7-13-07
through 9-22-07

Date of election if applicable:
(Month, Day, Year)
11-6-07

| | | |
|---------------------------|--------------------------------|--|
| Date Stamp | Received SEP 25 2007 | CALIFORNIA 2007/102 FORM 460 |
| D. H. S. CITY CLERK | | |
| Page <u>1</u> of <u>8</u> | | COVER PAGE |
| For Official Use Only | | |

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 9
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primary Formed Candidate/Officerholder Committee
- Also Complete Part 7
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored
- Also Complete Part 9

2. Type of Statement:

- Re-election Statement
- Semi-annual Statement
- Termination Statement
- 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

I.D. NUMBER 1899651

YVONNE PARKS

STREET ADDRESS (NO P.O. BOX)

658777 AVENIDA PICO

CITY

STATE

ZIP CODE

AREA CODE/PHONE

DESERT HOT SPRINGS CA 92240

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

(760) 329-3676

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

YVONNE PARKS

MAILING ADDRESS

658777 AVENIDA PICO

CITY

STATE

ZIP CODE

AREA CODE/PHONE

DESERT HOT SPRINGS CA 92240

NAME OF ASSISTANT TREASURER, IF ANY

(760) 329-3676

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

FAX (760) 329-1146 EMAIL parks-yvonne@hotmail.com

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 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 9-25-07
Date
Executed on 9-25-07
Date
Executed on _____
Date

By Yvonne Parks
Signature of Treasurer or Assistant Treasurer
By Yvonne Parks
Signature of Candidate/Officerholder, Candidate, State Measure Proprietor or Responsible Officer of Sponsor
By _____
Signature of Controlling Officerholder, Candidate, State Measure Proprietor

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

Type or print in ink.

COVERPAGE - PART 2
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
YVONNE PARRIS

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
65877 AVELLIDA RD DESERT HOT SPRINGS CA 92240

COMMITTEE NAME I.D. NUMBER

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.

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

OFFICE SOUGHT OR HELD DISTRICT NO., IF ANY

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 OR 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.

Statement covers period
from 7-13-07
through 9-22-07

CALIFORNIA
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SUMMARY PAGE

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 \$ 2600.00 | \$ 2600.00 |
| 2. Loans Received | Schedule B, Line 3 500.00 | 500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 3100.00 | \$ 3100.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 3100.00 | \$ 3100.00 |

Expenditures Made

| | | |
|--|------------------------------------|------------|
| 6. Payments Made | Schedule E, Line 4 0 | 0 |
| 7. Loans Made | Schedule H, Line 3 1318.59 | 1318.59 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 600.00 | \$ 600.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule G, Line 3 1918.59 | 1918.59 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ 1918.59 | \$ 1918.59 |

Current Cash Statement

| | | |
|---|--|---------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 0 | 0 |
| 13. Cash Receipts | Column A, Line 3 above 3100.00 | 3100.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0 | 0 |
| 15. Cash Payments | Column A, Line 8 above 1318.59 | 1318.59 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 1781.41 | 1781.41 |

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2
0

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---|--------|
| 18. Cash Equivalents | See instructions on reverse 0 | 0 |
| 19. Outstanding Debts | Add Line 2 + Line 8 in Column B above 100.00 | 100.00 |

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).

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | | | |
|----------------------------|----------|------------------|-------------|
| 20. Contributions Received | \$ _____ | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ _____ | | |

**Expenditure Limit Summary for State
Candidates**

| | | |
|--|----------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | \$ _____ | Total to Date |
| Date of Election (mm/dd/yy) | ____/____/____ | |

Schedule A
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YVONNE PARKS

Statement covers period
from 9-13-07
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SCHEDULE A

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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 7-20-07 | MIRAGE INVESTMENT GROUP 73470 EL PASO STE F6 PALM DESERT CA 92268 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | | |
| 8-1-07 | ROGER SNEIDERBERGER DEVELOPMENT CORP 80227 INDIAN SPRINGS DR INDIO, CA 92201 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | | |
| 8-6-07 | CHRIS MANUN 1150 CHARLES ST BANKING, CA 92220 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SELF EMPLOYED MADJ CONSULTANTS 1150 CHARLES ST BANKING, CA 92220 | 100.00 | | |
| 9-18-07 | WORTHAMND ELLERY, INC. 1096 N. PALM CHAYON DR PALM SPRINGS, CA 92262 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | | |
| SUBTOTAL \$ | | | | 2600.00 | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2600.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2600.00

*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

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

SCHEDULE B - PART 1
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
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NAME OF FILER
YVONNE PARKS

ID. NUMBER
1299651

| 1 IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | 2 OUTSTANDING BALANCE BEGINNING THIS PERIOD | 3 AMOUNT RECEIVED THIS PERIOD | 4 AMOUNT PAID OR FORGIVEN THIS PERIOD* | | 5 OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | 6 INTEREST PAID THIS PERIOD | 7 ORIGINAL AMOUNT OF LOAN | 8 DATE INCURRED | 9 CALENDAR YEAR PER ELECTION** |
|--|--|--|----------------------------------|---|--|--|--------------------------------|------------------------------|--------------------|-----------------------------------|
| | | | | PAID <input type="checkbox"/> | FORGIVEN <input type="checkbox"/> | | | | | |
| <input checked="" type="checkbox"/> IND | YVONNE PARKS 65877 ADELNIDA PICO DESERT HOT SPRINGS, CA RETIRED | 0 | 500.00 | PAID <input checked="" type="checkbox"/> | FORGIVEN <input type="checkbox"/> | 500.00 | 0 | 500.00 | 7-13-07 | PER ELECTION** |
| <input type="checkbox"/> IND | | | | PAID <input type="checkbox"/> | FORGIVEN <input type="checkbox"/> | | | | | CALENDAR YEAR PER ELECTION** |
| SUBTOTALS | | \$ 0 | \$ 500.00 | PAID <input checked="" type="checkbox"/> | FORGIVEN <input type="checkbox"/> | \$ 500.00 | 0 | \$ 500.00 | 0 | |

Schedule B Summary

- Loans received this period **\$ 500.00**
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period **0**
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 500.00**
Enter the net here and on the Summary Page, Column A, Line 2.

1 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
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YVONNE PARKS

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1299651

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

| | | | | | |
|-----|---|-----|---|-----|---|
| CAF | campaign paraphernalia/misc. | NER | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MNG | meetings and appearances | FED | returned contributions |
| CTB | contribution (explain nonmonetary)* | OCF | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | FET | petition circulating | TEL | lv. 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 | spouse travel, lodging, and meals |
| ND | 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 |
| LT | campaign literature and mailings | PRF | 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 |
|--|---------|------------------------|-------------|
| CITY OF DESERT HOT SPRINGS 65950 PIERSON BLVD | | FILING FEE | 25.00 |
| DESERT HOT SPRINGS, CA 92240 | FL | BALLOT STATEMENT | 425.00 |
| CITY CLERK CITY OF DESERT HOT SPRINGS 65950 PIERSON BLVD DHS 92240 | FL | DOWN PAYMENT | 134.00 |
| DESERT HOT SPRINGS, CA 92240 | WEB | | |
| SUBTOTAL \$ | | | 584.00 |

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1318.59
- 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 \$ 1318.59

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

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YVONNE PERKS

Statement covers period
from 7-13-07
through 9-22-07

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FORM **460**

I.D. NUMBER
1299651

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

| | | | | | |
|-----|---|-----|---|-----|---|
| ONS | campaign paraphernalia/misc. | MER | member communications | RAD | radio airtime and production costs |
| CTB | contribution (explain nonmonetary)* | MTG | meetings and appearances | FRD | returned contributions |
| CVC | civic donations | OFC | office expenses | SAL | campaign workers' salaries |
| FL | candidate filing/ballot fees | PEI | petition circulating | TEL | lv. or cable airtime and production costs |
| FND | fundraising events | PHD | phone banks | TRD | candidate travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POL | polling and survey research | TTS | staff/spouse travel, lodging, and meals |
| LEG | legal defense | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LIT | campaign literature and mailings | PRO | professional services (legal, accounting) | VOT | voter registration |
| | | PRJ | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|----|---|---------------|
| <i>POLITICAL DATA INC. P.O. BOX 1706 BURBANK, CA. 91507</i> | <i>LT</i> | | <i>WALK AND PHONE LISTS</i> | <i>146.66</i> |
| <i>JOHN LILU DESIGN 65639 AVENIDA CADENA DESERT HOT SPRINGS CA 92240</i> | <i>WEB</i> | | <i>BALANCE OWED ON WEBSITE DESIGN</i> | <i>587.93</i> |

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

SUBTOTAL \$ 734.59

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

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

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I.D. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
XUDUJE 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.
 CAS 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
 MTS 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
 RPD returned contributions
 SAL campaign workers' salaries
 TEL tv, or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TFS 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 CREDITOR (# COMMITTEE, ALSO ENTER ID NUMBER) | CODE OR DESCRIPTION OF PAYMENT | OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (a) | AMOUNT INCURRED THIS PERIOD (b) | AMOUNT PAID THIS PERIOD (ALSO REPORT ON FB) | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d) |
|---|-----------------------------------|--|------------------------------------|---|---|
| DESERT LOCAL NEWS 66435 PIERSON BLVD STE B DESERT HOT SPRINGS CA 92240 | WEB LINK | 0 | 600.00 | 0 | 600.00 |
| SUBTOTALS \$ | | 0 | \$ 600.00 | 0 | \$ 600.00 |

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

Schedule F Summary

- 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 \$ 600.00**
- 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 \$ 0**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 600.00**