

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or Print in Ink

OVERPAGE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9-20-09
through 10-17-09

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

Received
OCT 20 2009

Page 1 of 12
For Official Use Only

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

- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- Primary Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preliminary Statement - Attach Form 495

D.H.S. CITY CLERK

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)

STREET ADDRESS (NO P.O. BOX)
68787 PROSPECT WAY (760)
CITY DESERT HOT SPRINGS CA 92240
STATE CA ZIP CODE 92240
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
922655

NAME OF TREASURER
YVONNE PARKS
MAILING ADDRESS
68787 PROSPECT WAY
CITY DESERT HOT SPRINGS CA 92240
STATE CA ZIP CODE 92240
NAME OF ASSISTANT TREASURER, IF ANY
(760) 922655
MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS
FAX (760) 329-1146 EMAIL PARKS-YVONNE@HOTMAIL.COM

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-20-09
Date
Executed on 10-20-09
Date

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

68787 ROSEBURY WAY DESER 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

ID. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
 YES 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?
 YES 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 contribution 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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER: COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009
 Statement covers period from 9-20-09 through 10-17-09
 Page 3 of 12
 LD NUMBER: 1299651

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions	Schedule A, Line 3 \$ 9323.00	\$ 32432.00
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 9323.00	\$ 32432.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 1400.00	\$ 1499.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 10723.00	\$ 33931.00

Expenditures Made		
6. Payments Made	Schedule E, Line 4 \$ 14006.50	\$ 29671.66
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 14006.50	\$ 29671.66
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 6 + 9 + 10 \$ 14006.50	\$ 29671.66

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 12250.50	
13. Cash Receipts	Column A, Line 3 above \$ 9323.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 14006.50	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7567.00	
If this is a termination statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0	
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).

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* (# Subject to Voluntary Expenditure Limit)	Total to Date \$ _____
Date of Election (mm/dd/yy)	
	\$ _____

*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 (366/275-3772)

Schedule A
Monetary Contributions Received

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

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9-20-09
through 10-17-09

CALIFORNIA
FORM **460**
Page 4 of 12
ID. NUMBER
1299651

NAME OF FILER
COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

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)
9-28-09	TRAVELL FORTES 47815 VIA FIRENCE LAQUITA CA 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR	200.00		
9-28-09	DEAN O'KLAND 1238 GREEN LAKE LA CANADA CA. 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR	100.00		
9-28-09	COVERALL CLEANING SERVICES 13695 UNITED RD. 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	PROFIT	100.00		
9-30-09	CRIG STODDARD P.O. Box 761 LA CANADA, CA 91012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
10-1-09	ANTHONY SHUTTLE 2128 CRESCENT AVE MONTROSE, CA. 91020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOAN OFFICER	150.00		
SUBTOTAL \$				750.00		

- Schedule A Summary**
- Amount received this period - Itemized monetary contributors.
(Include all Schedule A subtotals.) \$ 9000.00
 - Amount received this period - Unitemized monetary contributions of less than \$100 \$ 323.00
 - Total monetary contributions received this period.
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 9323.00

*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 9-20-09
through 10-17-09

SCHEDULE A (CONT.)
CALIFORNIA
FORM **460**
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I.D. NUMBER 1299651

DATE RECEIVED	NAME OF FILER 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)
10-13-09	THOMAS S. NOBLE P.O. BOX 12950 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	DEVELOPER	2500.00		
10-15-09	DALE FORNIA REAL ESTATE POLITICAL ACTION COMMITTEE 525 S. VIRGIL AVE LOS ANGELES CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 890106	500.00		
10-15-09	HITZKE DEVELOPMENT 43460 RIDGE PARK DR. TEMPERULA CA 92590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
10-16-09	BUILDING INDUSTRY ASSN. 1330 S. VALLEY VISTA DR DIAMOND BAR, CA 91765	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 741733	2500.00		
SUBTOTAL \$				8250.00		

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

Statement covers period
from 9-20-09
through 10-17-09

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CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
<u>YVONNE PARKS</u> <u>68987 PROSPECT WAY</u> <u>DESBORO SPRINGS, CALIF 92540</u>	<u>RETIRED</u>	<u>0</u>	<u>335.00</u>	<input checked="" type="checkbox"/> PAID <u>335.00</u>	<input type="checkbox"/> FORGIVEN	<u>0</u>	<u>0%</u>	<u>335.00</u>	<u>10-9-09</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____%	\$ _____	DATE INCURRED
SUBTOTALS		\$ 335.00	\$ 335.00	\$ 0	\$ 0	\$ 0	0%	\$ 335.00	10-9-09

Schedule B Summary

- Loans received this period \$ 335.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 335.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract line 2 from line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.

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

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

Schedule C
Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Statement covers period
 from 9-20-09
 through 10-12-09

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California FORM **460**

SCHEDULE C

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009 ID 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)
10/5/09	BRIAN EDDARDS 63655 PHASED YUCCA VISIT DESERT HOT SPRINGS, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SERVICE OWNER STATION DOWN	USE OF BILLBOARD	400.00		
10-16-09	ARSA BLAUGA STUDIOS 66321 PIERSON BLVD 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	SAUNDSTAGE PRODUCTION FACILITY	DOD AD + CD FOR TV + RADIO	1550.00		
SUBTOTAL \$					1400.00		

Schedule C Summary

- Amount received this period -- itemized nonmonetary contributions.
 (Include all Schedule C subtotals) \$ 1400.00
- Amount received this period -- unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 1400.00

*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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 9-20-09
through 10-17-09

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COMMITTEE TO ELECT YVONNE PARKS MAYOR 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.

- CNP campaign paratremals/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
- MTR meetings and appearances
- ORC office expenses
- PET petition circulating
- PHD 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
FRIENDS OF SCOTT MATIAS 1DF1318999 14080 PALM DRIVE D PM B 481	WEB		PROPORTIONAL SHARE OF EMAIL CAMPAIGN	109.64
DESERT HOT SPRINGS, CA 92240				
IMPACT % COGS SOUTH 3309 S. ARMS ST STANTA ANA, CA 92707	CMF		PUT UP & TAKE DOWN SIGNS	350.00
50th WILSON 14080 PALM DRIVE D PM B 144	CMF		SIGN MAINTENANCE / HARVEY SIGNS	250.00
DESERT HOT SPRINGS CA 92240				
SUBTOTAL \$				709.64

* 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.) \$ 13956.50
2. Unitemized payments made this period of under \$100 \$ 50.00
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 \$ 14006.50

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 9-20-09
through 10-17-09

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FORM **460**

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1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PRORS MAYOR 2009

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

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> OMP campaign paraphernalia/misc. ONS campaign consultants OTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees RND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses FET petition circulating PHD phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STOHJ JOHNSON 14080 PALM DR DM B 144 DESERT HOT SPRINGS, CA 92240	OMP		SIGN MAINTENANCE	210.00
THE UPS STORE 14080 PALM STE D DESERT HOT SPRINGS, CA 92240	LT			980.42
KPSP CHANMEL 2 31276 DUNHAM WAY THOUSAND PALMS, CA. 92276	TEL			1490.00
DESERT RADD GROUP 1321 N. GEORGE AUSTRY TRAIL PALM SPRINGS, CA. 92262	RAD			830.00
KM1R-6 72920 PARK VIEW DR. PALM DESERT, CA 92260	TEL			1550.00

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

SUBTOTAL \$ 5060.42

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 9-20-09
 through 10-17-09

CALIFORNIA
 FORM **460**

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I.D. NUMBER
1299651

INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT YVONNE PERKS MAYOR 2009

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

- MRP campaign paraphernalia/merch.
- NS campaign consultants
- TS contribution (explain nonmonetary)*
- MC civic donations
- MC candidate filing/ballot fees
- ND fundraising events
- D independent expenditure supporting/opposing others (explain)*
- EG legal defense
- FT campaign literature and mailings
- MR member communications
- MTG meetings and appearances
- OFC office expenses
- RET petition circulating
- RHD 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 tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE 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
MY-13 TV				
72920 PARK VIEW DR PALM DESERT, CA. 92260	TEL			288.00
TIME WARNER MEDIA SALES 73321 FRED WARINK DR STE 101 PALM DESERT, CA. 92260	TEL			3915.10
RESQ TV 42650 MELANIE PLACE PALM DESERT CA 92211	TEL			1423.75
R+R BROADCASTING 2100 TRAPQUITZ CANYON WAY PALM SPRINGS CA. 92262	RAD			880.00
STAD PYE FOR BOANUOL 2009 ID# 1320089 255 EL QIELD RD #140-194 PALM SPRINGS CA 92262	OTB			100.00

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

SUBTOTAL \$ 6578.85

Schedule E
Continuation Sheet
Payments Made

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

Statement covers period
 from 9-20-09
 through 10-17-09

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SCHEDULE E (CONT)

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

INSTRUCTIONS ON REVERSE

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

MP	campaign paraphernalia/misc.	MR	member communications	RAD	radio airtime and production costs
NS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
TS	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
MC	civic donations	FET	petition circulating	TEL	T.V. or cable airtime and production costs
L	candidate filing/poll fees	PHD	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	FOL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ED	independent expenditure supporting/opposing others (explain)*	PRO	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ES	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
IF	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
AMPLS 1164 N. KRAEMER PLACE ASTHEIM, CA 92802	LIT			387.30
POLITQA DATA INC P.O. BOX 1706 BURBANK, CA 91507	LIT			147.19
AMPLS 1164 N. KRAEMER PLACE ASTHEIM, CA 92802	LIT			269.94
JOHN JOHNSON 14080 PALM TR DRMB144 DESERT HOT SPRINGS, CA 92240	CMF		STUD MAINTENANCE	105.00
YOUNG PARKS 68787 PROSPECT WAY DESERT HOT SPRINGS	POS		LOAN PAY BACK ADVANCE FOR POSTAGE	335.00

SUBTOTAL \$ 1444.43

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 9-20-09
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NAME OF FILER: COMMITEE TO ELECT YVONNE PARKS MAYOR 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.

- MP campaign paraphernalia/misc.
- MS campaign consultants
- TA contribution (explain nonmonetary)*
- VC civic donations
- candidate filing/ballot fees
- fundraising events
- independent expenditure supporting/opposing others (explain)*
- legal defense
- campaign literature and mailings
- MEM member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- RHD 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
- TSE 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 GM CARD P.O. BOX 60119 CITY OF INDUSTRY CA 91716	WEB		CREDIT CARD CHARGES FOR WEBSITE & EMAIL COMMUNICATIONS	223.16

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

SUBTOTAL \$ 223.16