

**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 9-23-07
through 10-20-07

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

Date Stamp	Received
OCT 25 2007	
CALIFORNIA 2007/02 FORM	460
Page <u>1</u> of <u>15</u>	
For Official Use Only	
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
 - Sponsor
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primary Formed Candidate/Officerholder Committee
 - Primary Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
 - Primary Formed Candidate/Officerholder Committee
 - Primary Formed Ballot Measure Committee
 - (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection 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

YVONNE PARKS 2007

STREET ADDRESS (NO P.O. BOX)
658777 AVENIDA P108

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
YVONNE PARKS

MAILING ADDRESS
658777 AVENIDA P108

CITY DEBART HBT 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 therein 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 10-24-07 Date

Executed on 10-24-07 Date

Executed on _____ Date

Executed on _____ Date

By Yvonne C. Parks Signature of Treasurer or Assistant Treasurer

By Michelle C. Parks Signature of Controlling 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

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

FPFC Form 460 (January 06)
FPFC Toll-Free Helpline: 866/545K-FPFC (866/275-5172)
State of California

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460
Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
WYNNE PARKS

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
65877 Avenida Rio 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
 OPOSE

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"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YODDIE PARKS

Statement covers period
from 9-23-07
through 10-20-07

CALIFORNIA
FORM **460**
Page 3 of 15
ID NUMBER
1299657

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>10,354</u>	\$ <u>12,954</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	\$ <u>500</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>10,354</u>	\$ <u>13,454</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>1,724</u>	\$ <u>1,724</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>12,078</u>	\$ <u>15,178</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>2,690</u>	\$ <u>4,009</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>2,690</u>	\$ <u>4,009</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>1,380</u>	\$ <u>1,980</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>4,070</u>	\$ <u>5,989</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>178,141</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>10,354</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>2,690</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>9,445</u>	

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>2,480</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	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yyyy)		Total to Date
1/1	\$ _____	\$ _____
1/1	\$ _____	\$ _____

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 9-23-07
through 10-20-07

SCHEDULE A
CALIFORNIA
FORM **460**

Page 4 of 15
I.D. NUMBER
1299651

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YVONNE PARKS

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)
9-25-07	ROBERT A. BERTHEIMER 73101 HWY 111 STE 1 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	250.00	Ø	250.00
10-1-07	FRIENDS OF SCOTT MATIAS FOR DHS CITY COUNCIL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 1293226	617.16	Ø	617.16
10-1-07	DYF LAND CO. LLC 1090 W. 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		500.00		
10-8-07	CENTURY CREWEL COMMUNITIES 1535 So. D STREET STE 200 SAN BERNARDINO, CA 92408	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	Ø	2500.00
10-8-07	SUN GAL MISSAL CREEKTRAIL 2392 NURSE WIZ IRVINE, CA. 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	Ø	250.00
SUBTOTAL \$				<u>4117.16</u>		

- Schedule A Summary**
- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9367.16
 - Amount received this period - unitemized monetary contributions of less than \$100 \$ 987.00
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 10,354.16

*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 9-23-07
through 10-20-07

CALIFORNIA
FORM **460**
Page 5 of 15
I.D. NUMBER
1299651

NAME OF FILER
YVONNE PARKS

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)
10-8-07	KENT DEWEY 747 S. RIVERSIDE DR #12 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	REALTOR	100.00	0	100.00
10-8-07	DOROTHY WAREEN 16910 CALLE CASITA DESERT HOT SPRINGS CA 92244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REGISTERED NURSE	100.00	0	100.00
10-8-07	DOWN SHOLTY 12620 QUANDA WAY 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	200.00	0	200.00
10-8-07	GT HAIR SALON PH (760) 219-6075 DESERT HOT SPRINGS CA 92240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	0	100.00
10-8-07	ELISE RICHMOND 505 CAMINO SUR 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	RETIRED	100.00	0	100.00
SUBTOTAL \$				<u>600.00</u>		

*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 9-23-07
 through 10-20-07

CALIFORNIA
 FORM
460

Page 6 of 15

NAME OF FILER YVONNE PARKS 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)
10-8-07	COURTNEY MAE 14250 YERXA 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	RETIRED	500.00	0	500.00
10-8-07	ROBERT M. OLSSON 1210 SAUD PIPER ST 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	RETIRED	250.00	0	250.00
10-8-07	ELIZABETH TOMS P.O. BOX 580024 WORTH 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	RETIRED	100.00	0	100.00
10-12-07	GAUDITH THUN 15300 PALM DR # 186 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	GYM DESK CLERK	100.00	0	100.00
10-12-07	DR H INC CONTROLLED DESERT COMMERC ST STE 500 FORT WORTH, TEXAS 76102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	0	1500.00
SUBTOTAL \$				<u>2450.00</u>		

*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.

SCHEDULE A (CONT)
CALIFORNIA
FORM
460

Statement covers period
from 9-23-07
through 10-20-07

Page 7 of 15

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)
10-12-07	PHLM DESERT DEVELOPMENT P.O. Box 3958 PALM DESERT CA 92261	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	0	500.00
10-15-07	THE HILDAULD CLUB OF COACHELLA VALLEY	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID # 941930	1,000.00	0	1,000.00
10-15-07	YOUNG & PARK 67865 DILLON RD DESERT HT SPRINGS, 92240	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR/BROKER	100.00	0	100.00
10-17-07	COLLEEN FARBER P.O. Box 490 DESERT HOT SPRINGS CA 92240	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	0	100.00
10-17-07	CYNTHIA HREN 17833 COUNTRY CIR NEVADA CITY, CA 95959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSE WIFE	250.00	0	250.00
SUBTOTAL \$				1950.00		

*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 9-23-07
 through 10-20-07

CALIFORNIA
 FORM
460
 Page 8 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YVONNE PARKS

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)
10-17-07	MARRIARR TURKLER 5212 RAUVINE VIEW LANE FAIR OAK, CA 95628	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSE WIFE	250.00	0	250.00
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$ <u>250.00</u>		

*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
CALIFORNIA FORM 460
Statement covers period from 9-23-07 through 10-20-07
Page 9 of 15
I.D. NUMBER 1299651

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

YVONNE PARKS

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	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 PERIOD
				PAID	FORGIVEN				
<u>YVONNE PARKS</u> <u>65877 AURELIA DR</u> <u>DECAT HOT SPRINGS AR</u>	<u>RETIRED</u>	<u>500.00</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>500.00</u>	<u>0</u>	<u>500.00</u>	<u>9/13/07</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	% _____	\$ _____	CALENDAR YEAR PERIOD**
SUBTOTALS \$		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>500.00</u>	<u>0</u>	<u>0</u>	

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.) \$ 0
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0

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

†Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 9-23-07
through 10-28-07

**CALIFORNIA
FORM 460**

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YVONNE PARKS

Page 18 of 15
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10-8-07	JED ELEGHANIAN 355 E. 92ND NEW YORK, NY 10021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SSC	INVESTOR	WIFE FOR FUNDRAISER	85.00		
10-8-07	EVELEEN FARZANLEY 12 VIA SANTA ELENA RANCHO MIRAGE CA 92276	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SSC	RESEARCH	FOOD FOR FUNDRAISER	295.00		
10-17-07	ARTHUR SHIELDS 15300 PALM DRIVE #168 DESERT HOT SPRINGS, CA 92248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SSC	RETIRED	NEWS PAPER RECEIVED FROM DESERT HOT SPRINGS	1,800.00		
10-17-07	ARTHUR SHIELDS 15300 PALM DRIVE #168 DESERT HOT SPRINGS, CA 92248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SSC	RETIRED	PRINTING OF MAILER	343.78		
SUBTOTAL \$					<u>1723.78</u>		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1723.78
- 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 \$ 1723.78

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SSC)
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

Statement covers period
from 9-23-07
through 10-20-07

Page 11 of 15

NAME OF FILER
YVONNE PARKS

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
ONS	campaign consultants	MTG	meetings and appearances	RPD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	FET	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
FND	fundraising events	POL	polling and survey research	TRS	staff/travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	posting, 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	professional services (legal, accounting)	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
DESERT LOCAL NEWS 66435 PIERSON BLVD STE B DESERT HOT SPRINGS, CA 92240	WEB	LINK TO WEBSITE	600.00
DAVE MORGAN 29090 LIGHTSAILS CT ROMOLAND, CA 92588	LIT	REIMBURSEMENT OF PRINTING COSTS PAID TO PDS PRINTING + GRAPHICS MAY GREENLEAF CT DARTMOUTH, CA. 91761	167.01
DAVE MORGAN 29090 LIGHTSAILS CT ROMOLAND, CA 92588	CMS		500.00
SUBTOTAL \$			1267.01

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2689.97
- 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 \$** 2690

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

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

Statement covers period
from 9-23-07
through 10-20-07

Page 12 of 15

LD NUMBER
1299651

**CALIFORNIA
FORM 460**

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.

CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FL candidate filing/paid fees
 FND fundraising events
 FND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postaga, delivery and messenger services
 PRO professional services (legal, accounting)
 PRI print ads
 RAD radio airtime and production costs
 RET returned contributions
 SAL campaign workers' salaries
 TEL TV, or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS start/stop/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
<u>U.S. P.O.</u>				
<u>DESERT HOT SPRINGS CA 92240</u>	<u>As</u>		<u>WEBSITE UPDATE</u>	<u>181.46</u>
<u>JOAN LILU DESIGN 65639 AVEUIDA CADEVA DESERT HOT SPRINGS, CA 92240</u>	<u>WEB</u>		<u>WEBSITE UPDATE</u>	<u>145.46</u>
<u>POLITICAL DATA, INC P.O. BOX 1706 BURBANK CA 91507</u>	<u>CMF</u>		<u>PHONE CARDER LISTS LABELS</u>	<u>134.17</u>
<u>THE UPS STORE #5062 14080 PALM DR. STE D DESERT HOT SPRING CA 92240</u>	<u>CMF</u>		<u>COPIES</u>	<u>99.83</u>
<u>THE PRINTING PLACE P.O. BOX 12827 PALM DESERT CA 92255</u>	<u>LT</u>		<u>PRINTING LETTERS AND VIDEOS</u>	<u>362.04</u>
SUBTOTAL \$				<u>922.96</u>

* 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 9-23-07
through 10-20-07

CALIFORNIA
FORM **460**
Page 13 of 15

ID NUMBER
1299651

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.

- OPP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/packet fees
- FND fundraising events
- FND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings
- MBR 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)
- PRI 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
- TST transfer between committees of the same candidate/sponsor
- VOI 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
DAVE MORGAN 29090 LIGHTSAILS CT ROMOLAND CA 92585	CNS			500.00

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

SUBTOTAL \$ 500.00

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

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 9-23-07
through _____

CALIFORNIA
FORM
460

SCHEDULE F

Page 14 of 15

L.D. NUMBER
1299651

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/basket fees
- FD fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR 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)
- 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/expense 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON B)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DESERT LOCAL NEWS 66435 PIERSON BLVD STEB	WEB LINK	600.00	0	600.00	0
DESERT HOT SPRINGS, CA 92240					
DAVE MORGAN 29090 LIGHTSAILS CT	CNS	0	500.00	0	500.00
ROMOLAND CA 92585					
KINER COMMUNICATIONS 73101 HWY 111 #4	LIT SIGNS	0	1407.28	0	1407.28
PALM DESERT, CA 92260					
SUBTOTALS \$			\$ 1907.28	\$ 600.00	\$ 1907.28

* 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 \$ 1980**
- 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 \$ 600**
- Net change this period: (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 1380**

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

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

Statement covers period
from 9-23-07
through 10-20-07

CALIFORNIA
FORM
460

Page 15 of 15

NAME OF FILER

YOUNG PARRIS

ID NUMBER

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.
- CNP 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
- MTC meetings and appearances
- OFC office expenses
- PEI 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
- 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)

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

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
STON LIA DESIGN 65239 AVELINDA CADENA DESERT HOT SPRINGS CA 92240	WEB UPDATE	0	72.73	0	72.73
SUBTOTALS \$					
			\$ 72.73	0	\$ 72.73