

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Received

JUN 10 2010

S. CITY CLERK

OVER PAGE

CALIFORNIA FORM 460

Page 1 of 9
For Official Use Only

Date of election if applicable
(Month, Day, Year)

Statement covers period
from 10-18-09 through 12-31-09

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officer/holder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 8)
- Primarily Formed Candidate/Officer/holder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

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

COMMITTEE TO ELECT

YVONNE PARKS MAYOR 2009

STREET ADDRESS (NO P.O. BOX)

68787 PROSPECT WAY

CITY STATE ZIP CODE AREA CODE/PHONE

DESSERT HOT SPRINGS CA 92240 (760) 922-6655

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

CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER

YVONNE PARKS

MAILING ADDRESS

68787 PROSPECT WAY

CITY STATE ZIP CODE AREA CODE/PHONE

DESSERT HOT SPRINGS CA 92240 (760) 922-6655

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

FAX (760) 329-1146 EMAIL PARKS-YVONNE@HOTMAIL.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 1-16-10

Date

Executed on 1-16-10

Date

Executed on _____

Date

Executed on _____

Date

By [Signature]

Signature of Treasurer or Assistant Treasurer

By [Signature]

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

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officer/holder, 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 PROSPER WAY DESERT 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 10-18-09
through 12-31-09

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

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I.D. NUMBER
1299651

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 3447.00	\$ 35879.00
2. Loans Received	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 3447.00	\$ 35879.00
4. Nonmonetary Contributions	0	1499.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 3447.00	\$ 37378.00

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

	7/1 through 8/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made	\$ 7294.88	\$ 36966.54
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	\$ 7294.88	\$ 36966.54
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	\$ 7294.88	\$ 36966.54

**Expenditure Limit Summary for State
Candidates**

Date of Election (mm/dd/yyyy)	Total to Date
	\$
	\$

22. Cumulative Expenditures Made*
(* Subject to Voluntary Expenditure Limit)

Current Cash Statement

12. Beginning Cash Balance	\$ 7567.00
13. Cash Receipts	\$ 3447.00
14. Miscellaneous Increases to Cash	0
15. Cash Payments	\$ 7294.88
16. ENDING CASH BALANCE	\$ 3719.12

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

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).

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

*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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

Statement covers period
from 10-18-09
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I.D. NUMBER

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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)
10-18-09	ROBERT A. BERNHEIMER 45-025 MANITOLA DR STE 3 INDIAN WELLS CA 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY	150.00		
11-4-09	LINDOLN CLUB OF COACHELLA VALLEY 74-750 HWY 111 INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	# 941930	500.00		
11-7-09	CPV SENTINEL LLC 8403 COLESVILLE RD STE 915 SILVER SPRING, MD 20910	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
		<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 \$ 3150.00

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3150.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 297.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3447.00

*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

Statement covers period
from 10-18-09
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I.D. NUMBER
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NAME OF FILER
COMMITTEE TO ELECT YVONNE PARK MAYOR 2009

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

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
AMERICAN MAILING PRINTING - VHSI SERVICE 1164 N. KRAEMER PLACE ANAHEIM CA 92806	LIT			1642.26
AMPLS 1164 N. KRAEMER PLACE ANAHEIM CA 92806	LIT			416.12
AMPLS 1164 N. KRAEMER PLACE ANAHEIM CA 92806	LIT			986.71

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

SUBTOTAL \$ 1567.09

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7294.88
2. Unitemized payments made this period of under \$100 \$ 0
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 \$ 7294.88

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 10-18-09
through 12-31-09

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COMMITTEE TO ELECT YOUNG 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.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- CFC 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
- 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)

DESCRIPTION OF PAYMENT

CODE OR

AMOUNT PAID

FAMILY SERVICES OF THE DESERT
LTV PLAZA PALM DR.
DESERT HOT SPRINGS CA 92240

CVC

100.00

AMPLS
1164 N. KRAEMER PLACE
ANAHEIM, CA 92806

LIT

978.18

AMPLS
1164 N. KRAEMER PLACE
ANAHEIM, CA 92806

LIT

986.91

USPS
66311 TWO BUNCH PALMS TRAIL
DESERT HOT SPRINGS, CA 92240

POS

315.45

POLITICAL DATA INC
P.O. BOX 1706
BURBANK, CA. 91507

OMP

272.19

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

SUBTOTAL \$ 2652.73

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
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I.D. NUMBER

1299651

COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MEM member communications
- MTG 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
- 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)

DESCRIPTION OF PAYMENT

AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	AMOUNT PAID
DESERT LOCAL NEWS 659 11 7th ST DESERT HOT SPRINGS, CA 92240	PRT	600.00
POLITICAL DATA INC P.O. BOX 1706 BURBANK, CA 91507	OMP	119.85
KPSP-2 31276 DUNHAM WAY THOUSAND PALMS, CA 92276	TEL	25.00
CAPRI RESTAURANT 12260 PALM DR DESERT HOT SPRINGS, CA 92240	FND	350.00
THE GM CARD P.O. BOX 60119 CITY OF INDUSTRY, CA 91716	WEB CHARGES FOR WEBSITE TO CREDIT CARD	324.21

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

SUBTOTAL \$ 1419.06

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
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SCHEDULE (CONT.)

CALIFORNIA
FORM **460**

Statement covers period
from 10-18-09
through 12-31-09

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
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COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

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

CMP	campaign paraphernalia/misc.	MEM	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RPD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	CVC 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
RND	fundraising events	POL	polling and survey research	TRF	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	PCS	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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FOOD NOW / FOOD DISTRIBUTION PALM DR. DESERT HOT SPRINGS, CA 92240	CVC			200.00
PAMELA ZANNI 6871 MAGNOLIA AVE STE C BUENA PARK CA. 90621	CNS			500.00
POLITICAL DATA INC P.O. BOX 1706 BURBANK, CA. 91507	CMP			66.00
OLIVE CREST - SAFEHOME FOR ABUSED CHILDREN THOUSAND PALMS, CA.	CVC			100.00
LINCOLN CLUB OF PALM SPRINGS 1717 E. VISTA CHINO STE 7 PMB 182 PALM SPRINGS, CA. 92262	CVC		ID # 1261806	250.00

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

SUBTOTAL

866.00

FPPC Form 460 (January 2011)
FPPC Toll-Free Helpline: 800/ASK-FPPC

1116.00

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

SCHEDULE E (CONT.) CALIFORNIA FORM 460

Statement covers period from 10-18-09 through 12-31-09

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I.D. NUMBER 1299651

SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE TO ELECT YVONNE PARKS MAYOR 2009

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
 FIL candidate filing/ballot fees
 RND 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
 PET petition circulating
 PHO phone banks
 POS 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
CASA BLANCA STUDIOS 66321 PEARSON BLVD DESERT HOT SPRINGS, CA 92240	TPL		540.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 540.00