

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

DATE STAMP

**Received**

OCT 03 2011

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CALIFORNIA 2001/02 FORM 460

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For Official Use Only

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

November 2011

Statement covers period from 6/1/2011 through 10/1/2011

**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 3)

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 Preelection Statement - Attach Form 495

**3. Committee Information**

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

Committee to re-elect Karl Baker

I.D. NUMBER

991352

**Treasurer(s)**

NAME OF TREASURER

Karl Baker Jr.

MAILING ADDRESS

P.O. Box 327

CITY STATE ZIP CODE AREA CODE/PHONE

Desert Hot Springs Ca 92240 (760)251-4127

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

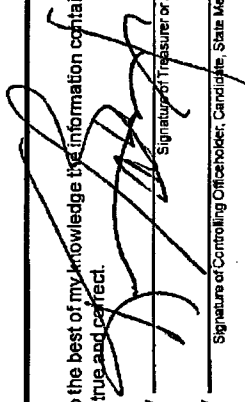
CITY STATE ZIP CODE AREA CODE/PHONE

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 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 Oct. 1, 2011 Date

By  Signature of Treasurer or Assistant Treasurer

Executed on Oct. 1, 2011 Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Oct. 1, 2011 Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on Oct. 1, 2011 Date

By \_\_\_\_\_ Signature of Controlling Officerholder, 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  
**Karl Baker, Jr.**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Desert Hot Springs City Council**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**65644 Avondale Road 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 <b>Committee to re-elect Karl Baker</b>	I.D. NUMBER <b>991352</b>
NAME OF TREASURER <b>Karl Baker</b>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <b>P.O. Box 327</b>	STREET ADDRESS (NO P.O. BOX)
CITY <b>Desert Hot Springs,</b>	STATE <b>Ca</b>
	ZIP CODE <b>92240</b>
	AREA CODE/PHONE <b>(760)251-4127</b>
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE <b>Karl Baker, Jr.</b>	OFFICE SOUGHT OR HELD <b>Council Member</b>	<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

Statement covers period  
from 6/1/2011  
through 10/1/2011

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CALIFORNIA FORM **460**

I.D. NUMBER  
991352

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Karl Baker, Jr.

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 12,609.00	\$ 12,609.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 12,609.00	\$ 12,609.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 12,609.00	\$ 12,609.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 3,000.00	\$ 3,000.00
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 3,000.00	\$ 3,000.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 5,125.00	5,125.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 8,125.00	\$ 8,125.00

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 0
13. Cash Receipts .....	Column A, Line 3 above 12,609.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 3,000.00
15. Cash Payments .....	Column A, Line 8 above 9,609.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,125.00

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

## 17. LOAN GUARANTEES RECEIVED

.....	Schedule B, Part 2 \$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ 5,125.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 5,125.00

## 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\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A  
Monetary Contributions Received**

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

Statement covers period  
from 6/1/2011  
through 10/1/2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Karl Baker, Jr.

I.D. NUMBER

991352

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)
5/23/2011	Hitzke Development Corp. 251 Autumn Dr. San Marcos, Ca. 92069	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	\$5,000.00
5/18/2011	Wintec Energy LTD 1090 N. Palm Canyon 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	\$3,400.00	\$3,400.00
5/23/2011	Burke Rix Communications, LLC 431 S. Palm Canyon 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		\$250.00	\$250.00	\$250.00
5/23/2011	Thomas S. Noble P.O. Box 12950, Palm Desert, Ca. 92255	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Noble and Company, Inc.	\$500.00	\$500.00	\$500.00
8/12/2011	Wintec Energy LTD 1090 N. Palm Canyon 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		\$2,400.00	\$3,400.00	\$3,400.00
<b>SUBTOTAL \$</b>				<b>\$9,150.00</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 11,150.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 1,459.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \$12,609.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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 6/1/2011  
through 10/1/2011

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I.D. NUMBER

991352

NAME OF FILER

Karl Baker, Jr.

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)
7/12/2011	Lansing and Company 12770 High Bluff Drive, San Diego, Ca. 92130	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	\$2,000.00
		<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				
		<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				
<b>SUBTOTAL \$</b>				<b>\$2,000.00</b>		

\*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.

**CALIFORNIA 460  
FORM**

Statement covers period  
from 6/1/2011  
through 10/1/2011  
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I.D. NUMBER  
991352

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Karl Baker, Jr.

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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	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	Lender Information		
									IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALENDAR YEAR	PER ELECTION**
Karl Baker, Jr. P.O. Box 327 Desert Hot Springs, Ca. 92240	City Council Member	\$ 6325.00	\$	<input type="checkbox"/> PAID \$ 1,200.00 <input type="checkbox"/> FORGIVEN	\$ 5,125.00	0 %	\$	\$	\$	\$	
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	%	\$	\$	\$	\$	
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	%	\$	\$	\$	\$	
<b>SUBTOTALS \$</b>								\$	\$	\$	\$

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$**  
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 (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

Karl Baker, Jr.

Statement covers period  
from 6/1/2011  
through 10/1/2011

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I.D. NUMBER  
991352

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | 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                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | 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                              | 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
Pete Chryss 65644 Avondale Road Desert Hot Springs, Ca. 92240	CNS		Consultant	300.00
Andrew Burg P.O. Box 1140 Palm Desert, Ca., 92241	CMP		Web Design	1,500.00
Two Bunch Palms Resort 67425 Two Bunch Palms Trail Desert Hot Springs, Ca. 92240	FND		Fund Raising Event	1,200.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 3,000.00**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 3,000.00
- 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 \$ 3,000.00**