# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

**Type or print in ink.**

Date Stamp

**CALIFORNIA 2001/02 FORM 460**



For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

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

## 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

☐ Ballot Measure Committee
- ◯ Primary Formed
- ◯ Controlled
- ◯ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

## 2. Type of Statement:

☐ Pre-election Statement
■ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D.NUMBER 1261808

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Lincoln Club of Greater Palm Springs

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Palm Springs | CA | 92262 | (760)329-1995 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX/E-MAIL ADDRESS
(760) 329-8266

## Treasurer(s)

NAME OF TREASURER
Nancy Stuart

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Palm Springs | CA | 92262 | (909) 866-8061 |

NAME OF ASSISTANT TREASURER, IF ANY
Dana Hopkins, CPA

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Riverside | CA | 92507 | 951/781-2910 |

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 01/31/2018 (DATE) By Dana Hopkins, CPA (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, 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

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

### 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 to make expenditures on behalf of your candidacy.**

| COMMITTEE NAME | I.D.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 | I.D.NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. 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 Committee

**List names of officeholder(s) or candidate(s) Ffor which this committee is primarily formed.**

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ 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 07/01/2017
through 12/31/2017

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

## Contributions Received

| | | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $3,145.00 | $10,475.00 |
| 2. Loans Received | Schedule B, Line 7 | $0.00 | $0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $3,145.00 | $10,475.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | $0.00 | $0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $3,145.00 | $10,475.00 |

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

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contribution Received | $0.00 | $0.00 |
| 21. Expenditures Made | $0.00 | $0.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $2,669.58 | $10,033.82 |
| 7. Loans Made | Schedule H, Line 7 | $0.00 | $0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $2,669.58 | $10,033.82 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | $0.00 | $1,552.46 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | $0.00 | $0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $2,669.58 | $11,586.28 |

## 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $2,421.40 |
| 13. Cash Receipts | Column A, Line 3 above | $3,145.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0.00 |
| 15. Cash Payments | Column A, Line 8 above | $2,669.58 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $2,896.82 |

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

| | | |
|---|---|---|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $0.00 |

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $1,552.46 |

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).

# Schedule A
# Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2017
through 12/31/2017



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 11/9/2017 | Mr. Tom Barr<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Home Smart Realtors PS<br>Real Estate Agent | $60.00 | $210.00 | |
| 12/10/2017 | Mr. Jim Brown<br>Palm Desert, CA 92260 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Bank of America Home Loan Center<br>Senior Sales Operations Manager | $55.00 | $175.00 | |
| 11/9/2017 | Mr. David Bryan<br>Rancho Mirage, CA 92270 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | ADS Security<br>Security | $130.00 | $430.00 | |
| 11/28/2017 | Mr. Richard R. Clapp<br>Cathedral City, CA 92234 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $110.00 | $335.00 | |
| 11/9/2017 | Mr. Richard R. Clapp<br>Cathedral City, CA 92234 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $60.00 | $335.00 | |
| | | | **SUBTOTAL** | | | |

## Schedule A Summary

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $2,590.00
2. Amount received this period - unitemized contributions of less than $100 ..... $555.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $3,145.00

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 11/9/2017 | Mr. David A. Cooper<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self Employed<br>CPA | $60.00 | $110.00 | |
| 11/30/2017 | Ms. Sandra Curry<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Sandra Curry M.D.<br>Physician | $110.00 | $350.00 | |
| 11/9/2017 | Mr. Philip Elwell<br>Rancho Mirage, CA 92270 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $30.00 | $145.00 | |
| 12/10/2017 | Mrs. Malinda Gilchrist<br>Palm Desert, CA 92260 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Social Media Director | $110.00 | $110.00 | |
| 12/10/2017 | Mr. David Green<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired | $110.00 | $160.00 | |
| | | | **SUBTOTAL** | | | |

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 11/9/2017 | Mr. Johnny Hildreth<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Log Cabin Republicans<br>President | $30.00 | $175.00 | |
| 12/10/2017 | Mr. Gary Jeandron<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | City of Palm Springs<br>Chief of Police | $110.00 | $170.00 | |
| 11/9/2017 | Mr. Gary Jeandron<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | City of Palm Springs<br>Chief of Police | $60.00 | $170.00 | |
| 12/10/2017 | Ms. Gail G. Kanter<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $55.00 | $280.00 | |
| 11/9/2017 | Ms. Gail G. Kanter<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $30.00 | $280.00 | |
| | | | **SUBTOTAL** | | | |

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 12/10/2017 | Ms. Nancy Knight<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $110.00 | $160.00 | |
| 11/9/2017 | Ms. Holly Lovas<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Home Smart Professionals<br>Real Estate Agent | $30.00 | $125.00 | |
| 11/28/2017 | Mr. Frank Lucia<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self Employed<br>Photographer/Caterer | $110.00 | $445.00 | |
| 12/1/2017 | Mr. Greg Mandinach<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Palm Springs Plumbing Inc.<br>President | $110.00 | $110.00 | |
| 12/10/2017 | Ms. Layla Maxwell<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $110.00 | $225.00 | |
| | | | **SUBTOTAL** | | | |

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 12/5/2017 | Ms. Yvonne C. Parks<br>Desert Hot Springs, CA 92240 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $110.00 | $160.00 | |
| 11/9/2017 | Committee to Elect Yvonne Parks City Council 2015<br>Desert Hot Springs, CA 92240<br>Committee ID: 1379233 | ☐ IND<br>■ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | City of Desert Hot Springs | $30.00 | $175.00 | |
| 12/10/2017 | Mr. Farnaz Phillips<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $220.00 | $305.00 | |
| 11/9/2017 | Mr. Farnaz Phillips<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $35.00 | $305.00 | |
| 11/21/2017 | Mr. Robert Press<br>Palm Springs, CA 92264 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self Employed<br>Physician | $110.00 | $360.00 | |
| | | | **SUBTOTAL** | | | |

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| DATE RECEIVED | FULL NAME, MAILING 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) |
|---|---|---|---|---|---|---|
| 12/10/2017 | Mrs. Joan M. Smith<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Housewife | $260.00 | $445.00 | |
| 11/9/2017 | Mrs. Joan M. Smith<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Housewife | $35.00 | $445.00 | |
| 12/10/2017 | Mr. James Stuart<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Group One Realty<br>Real Estate Agent | $110.00 | $560.00 | |
| 11/9/2017 | Mr. James Stuart<br>Palm Springs, CA 92262 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Group One Realty<br>Real Estate Agent | $60.00 | $560.00 | |
| 11/9/2017 | Mr. Stephan J. Wolkowicz<br>La Quinta, CA 92253 | ■ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | N.A.<br>Retired | $30.00 | $125.00 | |
| | | | **SUBTOTAL** | $2,590.00 | | |

*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 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

| 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) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|---|---|---|---|---|---|
| ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | ☐ PAID ☐ FORGIVEN | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | ☐ PAID ☐ FORGIVEN | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | ☐ PAID ☐ FORGIVEN | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| SUBTOTALS | | | | | | | | |

## Schedule B Summary

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

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than $100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
(may be a negative number)
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



2212371-0

# Schedule B - Part 2
# Loan Guarantors

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



**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|---|---|---|---|---|---|
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR<br>PER ELECTION (IF REQUIRED) | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR<br>PER ELECTION (IF REQUIRED) | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR<br>PER ELECTION (IF REQUIRED) | |
| | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | LENDER<br>DATE | | CALENDAR YEAR<br>PER ELECTION (IF REQUIRED) | |
| | | | | **SUBTOTAL** | Enter on Summary Page, Line 17 only. | |

# Schedule C
# Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2017
through 12/31/2017



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. Number
1261808

| 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) |
|---|---|---|---|---|---|---|---|
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of $100 or more.
   (Include all Schedule C subtotals.)..... _____
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ..... _____
3. 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** _____

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

# Schedule D
# Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

SCHEDULE D
**CALIFORNIA FORM 460**



NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | | | | **SUBTOTAL** | | |

## Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... _____

2. Unitemized contributions and independent expenditures made this period of under $100 ..... _____

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** _____

# Schedule E
# Payments Made

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM **460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

**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 | PET | 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 |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Smoke Tree Ranch<br>Palm Springs, CA 92264 | FND | | $666.45 |
| Smoke Tree Ranch<br>Palm Springs, CA 92264 | FND | | $1,888.43 |
| | | | |

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

**SUBTOTAL** $2,554.88

## Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $2,554.88
2. Unitemized payments made this period of under $100. ..... $114.70
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $2,669.58

# Schedule F
# Accrued Expenses (Unpaid Bills)

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

**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 | PET | 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 |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 |
|---|---|---|---|---|---|
| Trimble & Company An Accountancy Corp<br>Riverside, CA 92507 | PRO | $1,552.46 | $0.00 | $0.00 | $1,552.46 |
| | | | | | |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | **SUBTOTALS** | $1,552.46 | $0.00 | $0.00 | $1,552.46 |

## Schedule F Summary

1. 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** $0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS** $0.00

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** $0.00
May be a negative number.

# Schedule G
# Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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 | PET | 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 |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL***

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule H – Loans Made to Others*

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

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|---|---|---|---|---|---|---|
| | | | | ☐ PAID<br>☐ FORGIVEN | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR<br>PER ELECTION** |
| | | | | ☐ PAID<br>☐ FORGIVEN | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR<br>PER ELECTION** |
| | SUBTOTALS | | | | | | | |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

## Schedule H Summary

1. Loans made this period ..... _____
(Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans ..... _____
(Total Column (c) plus unitemized payments less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET _____ (May be a negative number)
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required



2212371-0

# Schedule I
# Miscellaneous Increases to Cash

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

**Statement covers period**
**from** 07/01/2017
**through** 12/31/2017

**CALIFORNIA FORM 460**



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lincoln Club of Greater Palm Springs

I.D. NUMBER
1261808

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** $.00

## Schedule I Summary

1. Increases to cash of $100 or more this period..... $0.00
2. Unitemized increases to cash under $100 this period..... $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** $0.00