

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

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CITY CLERK DEPT

CALIFORNIA FORM 460

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For Official Use Only

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

August 27, 2019

Statement covers period
from January 1 2019
through July 13 2019

SEE INSTRUCTIONS ON REVERSE

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily 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

3. Committee Information

I.D. NUMBER
1417408

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

Committee to Elect Shelley Kaplan to City Council District One 2019

Treasurer(s)

NAME OF TREASURER

Shelley Kaplan

MAILING ADDRESS

67785 Foothill Rd

CITY STATE ZIP CODE AREA CODE/PHONE

Cathedral City CA 92234 617-842-1243

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 July 13, 2019 Date

Executed on July 13, 2019 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer of Assistant Treasurer

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent/Responsible Officer of Sponsor

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Shelley Kaplan
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Cathedral City District One
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 67785 Foothill Rd Cathedral City CA 92234

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 1 2019
through July 13 2019

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Kaplan

I.D. NUMBER

1417408

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

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

	Column A	Column B	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3 7,544.05	7,544.05		
2. Loans Received.....	Schedule B, Line 3 11,284.45	11,284.45		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 18,828.50	18,828.50		
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 18,828.50	18,828.50		

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 11,986.88	11,986.88		
7. Loans Made.....	Schedule H, Line 3 0	0		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 11,986.88	11,986.88		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0		
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0	0		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 11,986.88	11,986.88		

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 \$ _____
 _____ Total to Date \$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 0	
13. Cash Receipts.....	Column A, Line 3 above 18,828.50	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	
15. Cash Payments.....	Column A, Line 8 above 11,986.88	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 6,841.62	

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).

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse 0	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 11,284.45	

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from January 1 2019

through July 13 2019

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I.D. NUMBER
1417408

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Kaplan

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)
	See attached Sheet	<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				
		<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 \$		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,050.00

495.05

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 495.05

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 7,544.05

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

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4/25/19	Louie Chip Yarborough II/Michael Ramos	68210 Santeimo Rd	Cathedral City	CA	92234	Ind	100.00	None	Retired
4/30/19	Art Gregoire/Terry Nelson	68008 Valley Vista Rd	Cathedral City	CA	92234	Ind	250.00	Windemere Real Estate	Realtor
5/2/19	Daniel Bowe	39181 Paradise Way	Cathedral City	CA	92234	Ind	100.00	None	Retired
5/2/19	Les Zandle	1080 E GranVia Valimonte	Palm Springs	CA	92262	Ind	100.00	Physician	Retired
5/2/19	Lisa Middleton/C.M. O'Callaghan	P O Box 5535	Palm Springs	CA	92263	Ind	100.00	City of Palm Springs	City Council Member
5/3/19	Sue Townsley	68561 San Jacinto Road	Cathedral City	CA	92234	Ind	200.00	None	Retired
5/4/19	Lewis Stewart	2545 McCarn	Palm Springs	CA	92262	Ind	100.00	None	Retired
5/4/19	John Rivera/Deborah Rivera	28296 Desert Princess Dr	Cathedral City	CA	92234	Ind	100.00	Miller AIP	Architect
5/6/19	Dana Reed	46146 E Eldorado Dr	Indian Wells	CA	92210	Ind	100.00	Reed and Davidson	Attorney
5/8/19	Jeff Palmer	P O Box 4751	Palm Springs	CA	92263	Ind	100.00	Self	Realtor
5/8/09	Thomas Rudolph	68445 Rodeo Road	Cathedral City	CA	92234	Ind	100.00	BHGRE Leaskow Partners	Realtor
5/9/19	Sam Toles	605 W 42nd St #55H	New York	NY	10036	Ind	150.00	Bleacher Report	Chief Content Officer
5/9/19	Paul Thiel	69200 Highway 111	Cathedral City	CA	92234	Ind	500.00	Palm Springs Motors	President
5/10/19	Ray Gregory/Eric Ornelas	68130 Marina Rd	Cathedral City	CA	92234	Ind	250.00	Cathedral City	Councilmember
5/15/19	John and Antonio Baciu	29855 Avenida Ximino	Cathedral City	CA	92234	Ind	100.00	McCallum	Administrator
5/22/19	Katrina Heinrich-Steinberg	P O Box 1845	Rancho Mirage	CA	92270	Ind	1,000.00	Self	Real Estate Developer
5/29/19	James Williamson	1455 N Vine Ave	Palm Springs	CA	92262	Ind	500.00	Self	Consultant
6/10/19	Desert Stonewall Democrats	P O Box 4536	Palm Springs	CA	92263	Com	1,000.00		Political Action Group
6/10/19	Cole Burr	35560 De Portola Rd	Temecula	CA	92592	Ind	500.00	Burrtec	Officer
6/10/19	Tracy Burr	35560 De Portola Rd	Temecula	CA	92592	Ind	500.00	Burrtec	Officer
6/17/19	Richard Altman Cove Resorts	68300 Gay Resort Dr	Cathedral City	CA	92234	Oth	250.00	CCBC	Owner
6/20/19	Ramon Chevron Service	68010 Ramon Rd	Cathedral City	CA	92234	Oth	250.00	Ramon Chevron Service	Owner
6/26/19	Dirk Tacke	38251 Charlesworth Dr	Cathedral City	CA	92234	Ind	100.00	None	Retired
6/27/19	Brian Rix	431 S Palm Canyon Dr Suite 206	Palm Springs	CA	92262	Ind	250.00	Burke Rix Communications	Senior Partner
6/28/19	Dolores Zaccardi	36 Windsor St	Arlington	MA		Ind	100.00	None	Retired
6/29/19	Art Gregoire/Terry Nelson	68008 Valley Vista Rd	Cathedral City	CA	92234	Ind	100.00	Windemere Real Estate	Realtor
6/29/19	Gary and Karen Schmidt	925 North 2nd Street	Seward	NE	68434	Ind	150.00	None	Retired

Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Shelley Kaplan

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
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Shelley Kaplan 67785 Foothill Rd Cathedral City CA 92234 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 0	\$ 11,284	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 11,284	0 %	\$ 11,284	\$ 11,284 PER ELECTION**
	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$ PER ELECTION**
	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$ PER ELECTION**
SUBTOTALS \$ 11,284 \$ 0 \$ 11,284 \$ 0							

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

Schedule B Summary

- Loans received this period \$ 11,284
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
 (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 \$** 11,284
 Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from January 1 2019

through July 13 2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shelley Kaplan

I.D. NUMBER

1417408

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
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT 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 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)

See Attached List

AMOUNT PAID

DESCRIPTION OF PAYMENT

CODE OR

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 11,986.88
2. Unitemized payments made this period of under \$100 \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 11,986.88

