

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink 10 05 '12 PM 02 27 CITY OF IN

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 19

For Official Use Only

Statement code 01/01/2012
from 09/30/2012
through

Date of election if applicable:
(Month, Day, Year)
11/6/2012

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
- Ballot Measure Committee
 - Primarily Formed
 - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1349470

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

Elect Larry "Bear" Bonafide

STREET ADDRESS (NO P.O. BOX)

46-340 Manitou

CITY STATE ZIP CODE AREA CODE/PHONE

Indian Wells

CA 92210 760/345-8316

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

Richard Egan

MAILING ADDRESS

77361 Sioux Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Indian Wells CA 92210 760/360-0890

NAME OF ASSISTANT TREASURER, IF ANY

Lanelle B Bonafide

MAILING ADDRESS

46340 Manitou Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Indian Wells CA 92210 760/345-8316

OPTIONAL: FAX / E-MAIL ADDRESS

larrybonafide@verizon.net

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 10-4-2012
Date

Executed on 10-4-2012
Date

Executed on _____
Date

Executed on _____
Date

By Lanelle B Bonafide
Signature of Treasurer or Assistant Treasurer

By Larry Bonafide
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>2</u>	

fi

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Elect Larry Bear Bonafide to the Indian Wells City Council 2012

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Indian Wells CA City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
46340 Manitou Drive Indian Wells CA 92210

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
----------------	-------------

C

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
----------------------	--------------	---

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

Statement covers period from <u>01/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>3</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>ELECT LARRY "BEAR" DONAGIARRE TO THE TURKEY VALLEYS CITY COUNCIL 2012</u>	I.D. NUMBER <u>1349470</u>
---	-------------------------------

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>19,324.00</u>	\$ <u>19,324.00</u>
2. Loans Received Schedule B, Line 3	<u>100.00</u>	<u>100.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>19,424.00</u>	\$ <u>19,424.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>19,424.00</u>	\$ <u>19,424.00</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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>9,785.27</u>	\$ <u>9,785.27</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>9,785.27</u>	\$ <u>9,785.27</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>9,785.27</u>	\$ <u>9,785.27</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	<u>19,424.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>9,785.27</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,638.73</u>

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	\$ <u>0</u>
---	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>100.00</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>4</u> of <u>19</u>	I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

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)
8/13/12	RICHARD EGAN 77361 SPOOK DR INDIAN WELLS, CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired.	500 ⁰⁰	500 ⁰⁰	
8/13/12	JOAN EGAN 77361 SPOOK DR INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 ⁰⁰	500 ⁰⁰	
8/13/12	Jim Parrish 45605 Cielito Dr INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 ⁰⁰	250 ⁰⁰	
8/22/12	DEANIE PARRISH 45605 Cielito Dr INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 ⁰⁰	250 ⁰⁰	
8/14/12	DON PARADISE 76845 FAIRWAY DR INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1500 ⁰⁰	1500 ⁰⁰	
SUBTOTAL \$				3000⁰⁰		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 19,000.00
- Amount received this period – unitemized contributions of less than \$100 \$ 324.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 19,324.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>25</u> of <u>29</u>	I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

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)
8.20.12	ELEANOR YARBRA 74795 - N. COVE DR. INDIAN WELLS CA. 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500 ⁰⁰	
8.21.12	JIM OSBORN 2533 N. CARSON ST CARSON CITY NV. 89706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAM CORP.	300.00	300 ⁰⁰	
8.21.12	CHARLES LABROW PO BOX 14372 PALM DESERT CA. 92255	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500. ⁰⁰	500 ⁰⁰	
8.24.12	GALE STOMA. 45483 - ESTUJAZO CT. INDIAN WELLS CA 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
8.24.12	Betty Johnson 41505 CARLHARD DR. #610 PALM DESERT CA. 92211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				1500 ⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>17</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council	I.D. NUMBER 1349470
--	-------------------------------

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)
8/23/12	Bruce Foreman 4802 SW Schools Ferry Rd. Portland, OR 97225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500. ⁰⁰	500. ⁰⁰	
8/24/12	Maureen Barnett 46437 Monitor Dr. Palm Desert, Ca. 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200. ⁰⁰	200. ⁰⁰	
8/25/12	Steve & Lesia Howell 46421 Monitor Dr. 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	Acclaim Mktg.	100. ⁰⁰	100. ⁰⁰	
8/22/12	Robert M. Clintick 45580 Wilkins Rd. Chico, Ca. 92210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100. ⁰⁰	100. ⁰⁰	
9/4/12	Eyler Johnson Patterson, OR 97204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marcus Mulheeb Realtor	100. ⁰⁰	100. ⁰⁰	
SUBTOTAL \$				1000.⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>47</u> of <u>12</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

I.D. NUMBER

1349470

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)
8/29/12	Larry Lucas 238 Jagabond Ct. Alamo Ca 94507	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300 ⁰⁰	300 ⁰⁰	
8/28/12	Dana Blount + Doug Johnson 3731 Highland Ct. Lafayette Ca 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	250 ⁰⁰	250 ⁰⁰	
8/29/12	Serald Rockaway 77720 Seminole Rd. Indian Wells Ca 92216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	200 ⁰⁰	200 ⁰⁰	
8/27/12	Paul Christen 778 Luga Ave Huron, IL 57350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000 ⁰⁰	1000 ⁰⁰	
X	X	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	X	X	X	
SUBTOTAL \$				1750 ⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>28</u> of <u>29</u>
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council	I.D. NUMBER 1349470
--	-------------------------------

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)
8/30/12	Richard Shuss 151 Sklar St Ladera Ranch Ca. 92694	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales - Autobytel	200 ⁰⁰	200 ⁰⁰	
8/29/12	Larry Hatfield 450158 Appian Way Indian Wells Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 ⁰⁰	500 ⁰⁰	
8/28/12	Kevin Egan 1108 Vancouver Ave Burlingame Ca. 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. V.P. Salesforce.com	300 ⁰⁰	300 ⁰⁰	
8/27/12	Michael Mumay 45801 Club Drive Indian Wells Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000 ⁰⁰	1000 ⁰⁰	
8/21/12	Garl M S Exum 75-670 Calle Del Sur Indian Wells Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realty Coldwell Banker -	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				2100⁰⁰		

Schedule A Summary

- Amount received this period -- contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2100⁰⁰
- Amount received this period -- unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>		CALIFORNIA FORM 460
NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council		I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE

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)
8/30/12	Harold E. Green 76-343 Via Solucena Indian Wells, Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000 ⁰⁰	1000 ⁰⁰	
8/28/12	Robert Bonnell 7904 S. St. Andrews Lane Spokane Wa. 99223	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 ⁰⁰	250 ⁰⁰	
8/28/12	Robert Lacy 76855 Droguois Dr. Indian Wells, Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
8/27/12	Denison Howard 210 Rose Creams Ave Suite 3270 El Segundo, Ca. 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman Assoc.	250 ⁰⁰	250 ⁰⁰	
9/1/12	Golden Cunningham 7710 Cove Pointe Circle Indian Wells, Ca. 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				2100 ⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>		CALIFORNIA FORM 460
NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council		I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE

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)
8/29/12	Sean Oberman 75993 Via Delgado Indian Wells Ca. 92240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
9/1/12	Tom & Germany Heent 12071 Birchwood, Santa Ana, Ca. 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400 ⁰⁰	400 ⁰⁰	
9/1/12	Frank Delony 3801 University Avenue Riverside Ca. 92501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	500 ⁰⁰	500 ⁰⁰	
9/7/12	Arthur Allen 74952 Carl Dr. 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	Retired	200 ⁰⁰	200 ⁰⁰	
9/1/12	David M Brooks 45665 Cielito Dr Indian Wells.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				1300⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>14</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

I.D. NUMBER

1349470

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)
9/1/12	Gerald + Joyce Richards 45736 Pima Rd 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	Retired	300 ⁰⁰	300 ⁰⁰	
9/2/12	Steve + Pat Johnson 22042 Drive Oroville, Ca. 95963	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300 ⁰⁰	300 ⁰⁰	
9/1/12	Victoria Boden 77640 Croquis Dr. 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	Retired	250 ⁰⁰	250 ⁰⁰	
9/1/12	Harold Mayanman 550 Palmsades Drive 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	1500 ⁰⁰	1500 ⁰⁰	
9/1/12	James Wellington 45695 Sugarloaf Mt trail Indian Wells Ca. 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200 ⁰⁰	200 ⁰⁰	
SUBTOTAL \$				<u>2550⁰⁰</u>		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>		CALIFORNIA FORM 460
		Page <u>912</u> of <u>129</u>
NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council		I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

I.D. NUMBER

1349470

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)
9/13/12	Yaha Mohamed 77332 Cherokee Mt Rd. Indian Wells Ca 92210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grower	400 ⁰⁰	400 ⁰⁰	
9/16/12	Michael Bozich 77330 Medicano Bow Cir. 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	Grower	250 ⁰⁰	250 ⁰⁰	
9/18/12	Lynne Reich 445 Euclid Ave. San Francisco, Ca 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
9/20/12	Frank Gasta 44-821 - Broadclupe Dr. 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	Retired	100 ⁰⁰	100 ⁰⁰	
9/14/12	George Martinovich 46435 Yagun 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	Retired	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				950⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>26</u> of <u>29</u>
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council	I.D. NUMBER 1349470
--	-------------------------------

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)
9/5/12	John & Connie Nyhan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 ⁰⁰	250 ⁰⁰	
9/6/12	Dennis Pendick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
9/4/12	AJ Staples	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200 ⁰⁰	200 ⁰⁰	
X	X	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	X	X	X	
X	X	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	X	X	X	
				SUBTOTAL \$ 950 ⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>12</u> of <u>19</u>
I.D. NUMBER 1349470	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

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)
9/5/12	John & Connie Nyham 44-470 MANITOCA DRIVE 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	Retiree	250 ⁰⁰	250 ⁰⁰	
9/6/12	Dennis Penolick 45226 Indian Wells Lane Indian Wells Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compensation Consultants	500 ⁰⁰	500 ⁰⁰	
9/4/12	A.J. Staples 45535 Carmine Del Rey 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	Retiree	200 ⁰⁰	200 ⁰⁰	
X	X	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	X	X	X	
X	X	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	X	X	X	
				SUBTOTAL \$ 950 ⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Elect Larry "Bear" Bonafide to the Indian Wells City Council	I.D. NUMBER 1349470
--	-------------------------------

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)
9.25.12	May + Roland Garcia 76470 Fairway Dr Anchian Wells Ca 92216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Wendernere	500 ⁰⁰	500 ⁰⁰	
9/21/12	Penny Sunday 73255 El Paseo Suite 20 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	Lawyer	100 ⁰⁰	100 ⁰⁰	
9/25/12	Thomas Morstan 75582 Parental Desert Dr. Anchian Wells Ca. 92216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mario's Pubert	100 ⁰⁰	100 ⁰⁰	
9/26/12	George + Carol Palmer 26450 West Union Lane Buckeye Ariz. 85396	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰	100 ⁰⁰	
9/28/12	Peter Deanoes. 47-475 Ventose Dr. East Anchian Wells Ca 92216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woodwind Communications	100 ⁰⁰	100 ⁰⁰	
SUBTOTAL \$				900⁰⁰		

Schedule A Summary

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/2012</u>	CALIFORNIA FORM 460
through <u>09/30/2012</u>	
Page <u>12</u> of <u>12</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council

I.D. NUMBER

1349470

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)
9/01/12	Don & Lenida Pelegrius 74-936 Levee Oaks Dr. 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	Retired	100 ⁰⁰	100 ⁰⁰	
9/21/12	Alan Crowell 44600 Indian Wells Lane 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	Hyalb Rogony I.M	100 ⁰⁰	100 ⁰⁰	
9/23/12	Dorothy Jacoby 44485 Rancho Dr. 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	Retired	100 ⁰⁰	100 ⁰⁰	
9/23/12	Nils & Luccette Nilsson 46411 Marston Drive 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	Retired	100 ⁰⁰	100 ⁰⁰	
9/6/12	Marge Barry 77-895 Cherokee Rd. 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	Retired	500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				900.00		

Schedule A Summary

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

*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 <u>01/01/2012</u> through <u>09/30/2012</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>19</u>
--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>ELECT LARRY "BEAR" BONAFIDE to the Indian Wells City Council 2012</u>	I.D. NUMBER <u>1349470</u>
---	-------------------------------

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
<u>LAWRENCE W BONAFIDE 46340 MANITA DR INDIAN WELLS CA. 92210</u> † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retiree</u>	\$ <u>0</u>	\$ <u>100.⁰⁰</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>100.⁰⁰</u> DATE DUE	<u>0</u> % RATE <u>0</u>	\$ <u>100.⁰⁰</u> DATE INCURRED <u>8/2/2012</u>	\$ <u>100.⁰⁰</u> CALENDAR YEAR PER ELECTION** \$ <u>/</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	\$ _____ CALENDAR YEAR PER ELECTION**

SUBTOTALS \$ 100.⁰⁰ \$ 0 \$ 100.⁰⁰ \$ 0

Schedule B Summary

- (Enter (e) on Schedule E, Line 3)
- Loans received this period \$ 100.⁰⁰
(Total Column (b) plus unitemized loans 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 \$ 100.⁰⁰
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covered from 01/01/2012 to 09/30/2012
 through 09/30/2012

CALIFORNIA FORM **460**

Page 17 of 21

I.D. NUMBER
1319470

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect Larry "Bear" Bonafide to the Indian Wells City Council - 2012

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)*	PCS	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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lawrence W Bonafide 46340 Monrovia Drive Crescent Wells Ca 92210	Fil	Candidate Filing Statement	350 ⁰⁰
Pacific Western Bank 674750 Hwy 111 Crescent Wells Ca 92220	OFC.	checks + deposit only stamp	44 ¹⁶
Shorvil & Assoc. 68895 Perry Rd Crescent City Ca 92234	CMP	Campaign photos	271 ⁸⁸

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

SUBTOTAL \$ 666.04

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 9785.27
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 \$ 9,785.27

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

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

Statement covers period from <u>8/1/2012</u> through <u>9/30/2012</u>	CALIFORNIA FORM 460
Page <u>20</u> of <u>29</u>	I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council - 2012

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, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples 76-680 Hickory III La Quinta, Ca. 92253	OFC	Copy service - printing supplies -	342. ⁴⁶
Amazon.com	CMP.	Campaign Collateral + give aways.	150. ⁰⁰
High Tech Mailing Services PO Box 249 Palm Desert, Ca. 92261	LIT.	Mail Campaign literature literature	1664. ²⁷
Sign A Rama 41-945 Boardwalk Suite L Palm Desert 92211	CMP.	Signs	1466. ⁸⁵
Ace Hardware Palm Desert Ca. 92211	OFC	Mounting Tape.	8. ¹⁷

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

SUBTOTAL \$ 3631.⁷⁵

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>8/1/2012</u> through <u>9/30/2012</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>19</u>
	I.D. NUMBER 1349470

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Elect Larry "Bear" Bonafide to the Indian Wells City Council - 2012

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> CMP campaign paraphernalia/misc. | <input type="checkbox"/> MBR member communications | <input type="checkbox"/> RAD radio airtime and production costs |
| <input type="checkbox"/> CNS campaign consultants | <input type="checkbox"/> MTG meetings and appearances | <input type="checkbox"/> RFD returned contributions |
| <input type="checkbox"/> CTB contribution (explain nonmonetary)* | <input checked="" type="checkbox"/> OFC office expenses | <input type="checkbox"/> SAL campaign workers' salaries |
| <input type="checkbox"/> CVC civic donations | <input type="checkbox"/> PET petition circulating | <input type="checkbox"/> TEL t.v. or cable airtime and production costs |
| <input type="checkbox"/> FIL candidate filing/ballot fees | <input type="checkbox"/> PHO phone banks | <input type="checkbox"/> TRC candidate travel, lodging, and meals |
| <input type="checkbox"/> FND fundraising events | <input type="checkbox"/> POL polling and survey research | <input type="checkbox"/> TRS staff/spouse travel, lodging, and meals |
| <input type="checkbox"/> IND independent expenditure supporting/opposing others (explain)* | <input type="checkbox"/> POS postage, delivery and messenger services | <input type="checkbox"/> TSF transfer between committees of the same candidate/sponsor |
| <input type="checkbox"/> LEG legal defense | <input type="checkbox"/> PRO professional services (legal, accounting) | <input type="checkbox"/> VOT voter registration |
| <input checked="" type="checkbox"/> LIT campaign literature and mailings | <input checked="" type="checkbox"/> PRT print ads | <input type="checkbox"/> 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
Cafe Press - 6901 A Coverport Drive Louisville KY 40258	CMP	Hats - Shirts -	281. ⁵³
The Desert Sun 750 N. Gene Autry Trail Palm Springs, Ca. 92262	PRT	Front Page Tab on -	840. ⁰⁰
Pay Pal. San Jose, Calif. 1-888-221-1161	OFC.	Fees on transactions 8/9 - 9/22/12	123. ⁹⁵
Riverside County Registrar of Voters Riverside Ca.	CMP.	Indian Wells Reg Voters List.	35. ⁰⁰
Sand Beach Design 75280 - Hwy 111 - Indian Wells Ca 92210	Lit	Design & print Campaign materials	4207. ⁰⁰

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

SUBTOTAL \$ ~~5487.48~~

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

\$5487.48