

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

Statement covers period from 1/1/2013 through 1/7/2013

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

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1278116

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT LARRY SPICER TO CITY COUNCIL

STREET ADDRESS (NO P.O. BOX) 75-855 ALTAMIRA DRIVE
CITY INDIAN WELLS STATE CA ZIP CODE 92210 AREA CODE/PHONE (760) 346-7955

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY INDIAN WELLS STATE CA ZIP CODE 92210 AREA CODE/PHONE (760) 346-7955

OPTIONAL: FAX / E-MAIL ADDRESS RLSPICER@AOL.COM

Treasurer(s)

NAME OF TREASURER PATRICIA SPICER

MAILING ADDRESS 75-855 ALTAMIRA DRIVE
CITY INDIAN WELLS STATE CA ZIP CODE 92210 AREA CODE/PHONE (760) 346-7955

NAME OF ASSISTANT TREASURER, IF ANY DAVID J. REED JR.

MAILING ADDRESS 75-605 PAINTED DESERT
CITY INDIAN WELLS STATE CA ZIP CODE 92210 AREA CODE/PHONE (760) 779-0929

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 1/7/13
Executed on 1/7/13
Executed on
Executed on

By Patricia Spicer
By Larry Spicer
By
By

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICHARD LAURENCE SPICER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL OF INDIAN WELLS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
75855 ALTAMIRA 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
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
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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>1/1/2013</u> through <u>1/7/2017</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER 278116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT LARRY SPICER TO CITY COUNCIL

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

Expenditures Made		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>8,579</u>	\$ <u>8,579</u>
7. Loans Made	Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>8,579</u>	\$ <u>8,579</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment	Schedule C, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>8,579</u>	\$ <u>8,579</u>

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>8,579</u>
13. Cash Receipts	Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>8,579</u>
15. Cash Payments	Column A, Line 8 above	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

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

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

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).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

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

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	1/1/2013	
through	1/7/2013	Page <u>4</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE TO ELECT LARRY SPICER TO CITY COUNCIL		1278116

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
LIVING DESERT ENDOWMENT FUND 47-900 PORTOLA AVENUE, PALM DESERT, CA 92260	CVC	CONTRIBUTION TO NONPROFIT ORGANIZATION	\$7,000
COD FOUNDATION 43-500 MONTEREY AVENUE, PALM DESERT, CA 92260	CVC	CONTRIBUTION TO NONPROFIT ORGANIZATION	\$1,579

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

SUBTOTAL \$ 8,579