

# Recipient Committee Campaign Statement – Short Form

09/29/16 AM 11:33 city OF WA

Date Stamp

CALIFORNIA FORM **450**

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
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### 1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

### 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) \_\_\_\_\_  
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

### 3. Committee Information

I.D. NUMBER  
1390734

COMMITTEE NAME

COMMITTEE FOR INDIAN WELLS COMMON SENSE, NO ON MEASURES H AND GG

STREET ADDRESS (NO P.O. BOX)  
42-025 MANITOU DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
INDIAN WELLS	CA	92210	760-777-9805

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

LEE M OSBORNE

MAILING ADDRESS

79245 CORPORATE CENTRE DR STE 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LA QUINTA	CA	92253	760-777-9805

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 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 9/29/16  
DATE

By \_\_\_\_\_  
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  
Summary Page**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2016  
through 09/24/2016

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NAME OF COMMITTEE

I.D. NUMBER  
1390734

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<i>Add Lines 1 + 2</i>	\$ <u>0.00</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement .....	<i>Previous Summary Page, Line 6</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE .....	<i>Add Lines 3 + 4 + 5</i>	\$ <u>0.00</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>0.00</u>
8. Non-monetary contributions received this period.....		<u>0.00</u>
9. Total contributions received from previous statement.....	<i>Previous Summary Page, Line 10</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	<i>Add Lines 7 + 8 + 9</i>	\$ <u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	<u>0.00</u>
12. Cash receipts this period.....	<i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....		\$	<u>0.00</u>
14. Cash expenditures this period.....	<i>Line 3 above</i>		<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>0.00</u>

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NAME OF COMMITTEE

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
<b>SUBTOTAL \$</b>				0.00	

\* Required only for payments which are contributions or independent expenditures.