

**Officeholder and Candidate
Campaign Statement -
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p>Nov. 7, 2017</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED CITY OF PALM SPRINGS 2017 SEP 25 PM 1:03 OFFICE OF THE CITY CLERK</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p><i>[Handwritten Signature]</i></p>
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1. Statement Covers Calendar Year 20 17.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Glenn E. Flood

STREET ADDRESS

CITY

Palm Springs

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

92262

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City of Palm Springs City Council

JURISDICTION (LOCATION)

Palm Springs, CA

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
No Committee	NA	NA

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

Sept. 25, 2017

DATE

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Recipient Committee Campaign Statement – Short Form

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.

*Spoke to Mr. Flood
Re: Committee name. KKW*

Date Stamp
Logan
RECEIVED
CITY OF PALM SPRINGS
2017 JUL 26 AM 10:33
OFFICE OF THE CITY CLERK

CALIFORNIA FORM **450**

Page _____ of _____
For Official Use Only

Statement covers period
from Jan. 1, 2017
through June 30, 2017

Date of election if applicable:
(Month, Day, Year)
Nov. 7, 2017

1. Type of Recipient Committee:

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

COMMITTEE NAME
Glenn E. Flood

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Palm Springs, CA 92262

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
NA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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 _____ DATE
Executed on 7/25/2017 DATE
Executed on _____ DATE
Executed on _____ DATE

By _____ ASSISTANT TREASURER
By _____ 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 – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>Jan. 1, 2017</u> through <u>June 30, 2017</u>	CALIFORNIA FORM 450
Page _____ of _____	I.D. NUMBER NA

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Glenn E. Flood

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*
NA	NA	None	Glenn E. Flood, City Council City of Palm Springs <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	Calendar Year \$ _____ Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	Calendar Year \$ _____ Other \$ _____
			 <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				0	

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

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period
from Jan. 1, 2017
through June 30, 2017

SHORT FORM	
CALIFORNIA FORM	450
Page _____ of _____	
I.D. NUMBER	
NA	

NAME OF COMMITTEE

Glenn E. Flood

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____	None
2. Expenditures under \$100 made this period (Not itemized.)	_____	None
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ _____	0
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	_____	0
5. Total expenditures made from previous statement <i>(If this is the first statement for the calendar year, enter zero.)</i> <i>Previous Summary Page, Line 6</i>	\$ _____	0
6. TOTAL EXPENDITURES MADE TO DATE	\$ _____	0

Contributions Received

7. Monetary contributions received this period.....	\$ _____	0
8. Non-monetary contributions received this period.....	_____	0
9. Total contributions received from previous statement <i>(If this is the first statement for the calendar year, enter zero.)</i> <i>Previous Summary Page, Line 10</i>	\$ _____	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ _____	0

Current Cash Statement

11. Beginning cash balance	\$ _____	0
12. Cash receipts this period.....	_____	0
13. Miscellaneous increases to cash	\$ _____	0
14. Cash expenditures this period.....	_____	0
15. ENDING CASH BALANCE THIS PERIOD	\$ _____	0

Candidate Intention Statement

Handwritten initials

Handwritten initials

Check One: Initial Amendment (Explain) _____

Date Stamp
RECEIVED
 CITY OF PALM SPRING
 2017 JUN 22 PM 3:18
 OFFICE OF THE CITY CLERK

CALIFORNIA FORM 501
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Flood, Glenn E.** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY **Palm Springs** STATE **CA** ZIP CODE **92262**

OFFICE SOUGHT (POSITION TITLE) **City Council Member** AGENCY NAME **City of Palm Springs** DISTRICT NUMBER, if applicable. [REDACTED] NON-PARTISAN PARTY: **Democrat** *GF*

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) **2017** (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/21/2017 (month, day, year) Signature [REDACTED] (Candidate)