

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

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Date Stamp: 09 JUL 17 AM 10
REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

CALIFORNIA FORM **460**
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Statement covers period
from 01/01/2009
through 06/30/2009

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
(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
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 931595

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Roy Wilson For Supervisor

STREET ADDRESS (NO P.O. BOX)
72825 Bel Air Road
CITY STATE ZIP CODE AREA CODE/PHONE
Palm Desert CA 92260 (760) 346-1204

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
Mr. Allan Nyman

MAILING ADDRESS
919 Inverness Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Rancho Mirage CA 92270 (760) 770-2056

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 7/16/2009 Date

Executed on 7/16/09 Date

Executed on _____ Date

Executed on _____ Date

By Allan Nyman Signature of Treasurer or Assistant Treasurer

By Roy Wilson 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