

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY OF RANCHO MIRAGE 18 MAR -2 AM 8:24	
Page <u>1</u> of <u>1</u>	
For Official Use Only	

Statement covers period from <u>JAN 1, 2018</u> through <u>FEB 24, 2018</u>	Date of election if applicable: (Month, Day, Year) <u>APRIL 10, 2018</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 5)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 5)</small> |

2. Type of Statement:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>One contribution unintentionally omitted from original statement.</u> | |

3. Committee Information

ID NUMBER
1280702

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO RE-ELECT DANA HOBART 2018

STREET ADDRESS (NO P.O. BOX)
36989 PALMDALE RD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>RANCHO MIRAGE</u>	<u>CA</u>	<u>92270</u>	<u>760324-1013</u>

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
G. DANA HOBART

MAILING ADDRESS
36989 PALMDALE RD

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>RANCHO MIRAGE</u>	<u>CA</u>	<u>92270</u>	<u>760-324-1013</u>

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 March 2, 2018
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on March 7, 2018
Date

By [Signature]
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
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DANA HOBART

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL, CITY OF RANCHO MIRAGE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
36989 PALMDALE RD. RANCHO MIRAGE CA 92270

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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2018</u>	CALIFORNIA FORM 460
through <u>FEB 24, 2018</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1280702</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Dana Hobart 2018

	Column A FOR THE PERIOD POSTED ABOVE	Column B CALENDAR YEAR TOTALS
Contributions Received		
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>30,595.00</u>	\$ <u>30,595.00</u>
2. Loans Received..... Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>30,595.00</u>	\$ <u>30,595.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>30,595.00</u>	\$ <u>30,595.00</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

From 1/1 through 5/31 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made		
6. Payments Made..... Schedule E, Line 4	\$ <u>21,175.78</u>	\$ <u>21,175.78</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>21,175.78</u>	\$ <u>21,175.78</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule G, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 6 + 7 + 9 + 10	\$ <u>21,175.78</u>	\$ <u>21,175.78</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 12	\$ <u>31,921.02</u>
13. Cash Receipts..... Column A, Line 3 above	<u>30,595.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>21,175.78</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>41,340.24</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	

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>
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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>0</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from JAN 1, 2018
through FEB 24, 2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Comm. Htee to re-elect Dana Hobart 2018

I.D. NUMBER

1280702

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)
1/7/18	JAMES HOUSTON 345 N. VIA LAS PALMAS 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	10,000.00	10,000.00	
1/19/18	PAUL D. HAIGLE P O BOX 952 RANCHO MIRAGE CA 92270	<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	
2/1/18	CLAYTON MAYES PO BOX 911 RANCHO MIRAGE CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2,500.00	2,500.00	
2/1/18	MILES BERGER 42 SUNDANCE RANCHO MIRAGE, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	2,000.00	2,000.00	
2/12/18	L. PENDLETON SIEGEL 9686 N. EASY ST., HAYDEN LAKE, ID 83835	<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 \$				15,400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 30,595.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 30,595.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2018</u> through <u>FEB 24, 2018</u>	CALIFORNIA FORM 460
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NAME OF FILER COMMITTEE TO RE-ELECT DANA HOBART 2018	I.D. NUMBER 1280702
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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)
2/16/18	CAROL KAPLAN 50 E. CHESTNUT #3801 CHICAGO, IL 60611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,000.00	1,000.00	
2/16/18	JUDD D. MALKIN 1301 N. ASTOR ST., CHICAGO, IL 60611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,000.00	1,000.00	
2/16/18	HAROLD MATZNER PO BOX 2084 PALM SPRINGS, CA 92263	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SPENCER'S RESTAURANT	10,000.00	10,000.00	
2/16/18	SALLY BERGER 42 SUNDANCE RANCHO MIRAGE, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,500.00	1,500.00	
2/24/18	MURRAY BRYANT 3880 KELLY LANE RANCHO MIRAGE, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	495.00	495.00	
SUBTOTAL \$				13,995.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (Other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2018</u> through <u>FEB 24, 2018</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>

NAME OF FILER COMMITTEE TO RE-ELECT DANA HOBART 2018	ID. NUMBER 1280702
----------------------------------------------------------------	------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
2-24-18	CHRISTOPHER NORRMAN 61 MAYFAIR DR RANCHO MIRATE CA 92270	<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	
2/24/18	JOHN GERKEN 70381 PECOS RANCHO MIRAGE CA 92270	<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	
2/24/18	CAROL MULVIHILL 196 INTERNATIONAL BL RANCHO MIRAGE CA 92270	<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	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1200.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>JAN 1, 2018</u> through <u>FEB 24, 2018</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1280702	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO RE-ELECT DANA HOBART 2018

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

CM? campaign paraphernalia/misc.	M3R member communications	RAO radio airtime and production costs
CNS campaign consultants	M7G meetings and appearances	RFD returned contributions
CT5 contribution (explain non-monetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and production costs
FIL candidate filing/bailot fees	PHC phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POI 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	PRG 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
TEC GRAPHICS 34 CHAMPAGE CIRCLE RANCHO MIRAGE	LIT	CHECKS 1211, 1212, 1213, 1208, 1207, 1206 1205, 1203, 1202, 1210	12,886.76
WILLIAM COOK 535 E. CALLE ROCA, UNIT B PALM SPRINGS, CA 92264	CNC	COMMUNICATION CONSULTING IMAGE RESEARCH AND DEVELOPMENT <i>check 1201</i>	250.00
COUNTY OF RIVERSIDE 2724 GATEWAY DR., RIVERSIDE CA 92507	VOT	<i>check 1193</i>	40.00

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

SUBTOTAL \$ 13,176.76

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>21,175.⁷⁸</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2 and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>21,175.⁷⁸</u>

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JAN 1, 2018</u> through <u>FEB 24, 2018</u>	CALIFORNIA FORM 460
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	I.O. NUMBER <u>1280702</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT DANA HOBART 2018

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 tv. 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.O. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HUMMINGBIRD CONSULTING INC 3152 N STARR ROAD PALM SPRINGS, CA 92262	WEB	Check 1194	15.99
HUMMINGBIRD CONSULTING INC 3152 N STARR ROAD PALM SPRINGS, CA 92262	WEB	Check 1195	122.39
TEC GRAPHICS 34 CHAMPAGE CIRCLE RANCHO MIRAGE	GMP	Checks: 1196, 1197, 1198, 1199 and 1200.	7,860.64

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

SUBTOTAL \$ 7,999.02