

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Statement covers period
 from 01/01/2018
 through 02/24/2018

Date of election if applicable
 (Month, Day, Year)
04/10/2018

Date Stamp
RECEIVED
 CITY OF RANCHO MIRAGE
18 FEB 28 PM 2:00

CALIFORNIA FORM 460
 Page 1 of 21
 For Official Use Only

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 6.)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party Central Committee

Primary Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 5.)

Primary Formed Candidate Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination.)
 Amendment (Explain Below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information I.D. NUMBER 1401716

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Robert Mueller for Rancho Mirage City Council 2018

STREET ADDRESS (NO P.O. BOX)
50 Scenic Crest Tr

CITY STATE ZIP CODE AREA
Rancho Mirage CA 92270 760-527-0000

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
50 Scenic Crest Tr

CITY STATE ZIP CODE AREA
Rancho Mirage CA 92270

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Scott Gordon

MAILING ADDRESS
204 North Ariane Drive

CITY STATE ZIP CODE AREA
Palm Springs CA 92262 917-517-0852

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA

OPTIONAL: FAX / E-MAIL ADDRESS
scottgordon@mac.com

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 02/27/2018 DATE

Executed on 02/27/2018 DATE

Executed on _____ DATE

Executed on _____ DATE

By Scott Gordon Signature of Treasurer or Assistant Treasurer

By Robert Mueller 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
Cover Page - Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Mueller

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member **LOCATION Rancho Mirage**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
50 Scenic Crest Tr **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
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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

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

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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>21</u>	
C.D. NUMBER 1401716	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ <u>2,657.00</u>	\$ <u>2,657.00</u>
2. Loans Received Schedule B, Line 3	<u>14,000.00</u>	<u>14,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>16,657.00</u>	\$ <u>16,657.00</u>
4. Non-monetary Contributions Schedule C, Line 3	<u>1,590.05</u>	<u>1,590.05</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>18,247.05</u>	\$ <u>18,247.05</u>

**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	\$ <u>.00</u>	\$ <u>.00</u>
21. Expenditures Made	\$ <u>.00</u>	\$ <u>.00</u>

	Column A	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ <u>14,468.15</u>	\$ <u>14,468.15</u>
7. Loans Made Schedule D, Line 3	<u>.00</u>	<u>.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>14,468.15</u>	\$ <u>14,468.15</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>.00</u>	<u>.00</u>
10. Nonmonetary Adjustment Schedule G, Line 2	<u>1,590.05</u>	<u>1,590.05</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>16,058.20</u>	\$ <u>16,058.20</u>

**Expenditures Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>.00</u>
13. Cash Receipts Column A, Line 3 above	<u>16,657.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>.00</u>
15. Cash Payments Column A, Line 8 above	<u>14,468.15</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,188.85</u>
* If this is a termination statement, Line 16 must be zero	

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, Line 2	\$ <u>.00</u>
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Cash Equivalents and Outstanding Debts	
18. Cash Equivalents See instructions on reverse	\$ <u>.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>14,000.00</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>21</u>
ID NUMBER 1401716	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, NUMBER)	CONTRIBUTOR CODE	IF 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)
2-7-2018	Sherry Fishman 33 Mirada Drive Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired Retired	100.00	100.00	100.00 G-2018
2-17-2018	Karen Greenbaum 91 Columbus Dr Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired None	100.00	100.00	100.00 G-2018
2-2-2018	Michael Luis Harrington 255 S Civic Drive Palm Springs, CA 92262	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Curator Colin Fisher Studios	250.00	250.00	250.00 G-2018
2-2-2018	Fan Watson 21 Parker-Gill Drive South Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired none	200.00	200.00	200.00 G-2018
2-23-2018	Ferata Grossi 19 Calle Del Norte Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired Retired	500.00	500.00	500.00 G-2018

SUBTOTAL \$ 1,150.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>21</u>		
NAME OF FILER Robert Mueller for Rancho Mirage City Council 2018		I.D. NUMBER 1401716

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

I.D. NUMBER

1401716

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
2/15/2018	Robert Fitzgerald 117 Via Santo Tomas Drive 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 None	100.00	100.00	100.00 G-2018
1/30/2018	Kath Cozma 505 Desert West Drive 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 Retired	250.00	250.00	250.00 G-2018
2/22/2018	Beverly Miller 5 Mesquite Page 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 none	100.00	100.00	100.00 G-2018
2/2/2018	Azra Her 3855 Camino Aguadoc Indio, CA 92203	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse Retired	100.00	100.00	100.00 G-2018
2/2/2018	Tara Rapoport 70-345 Calico Road 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 none	150.00	150.00	150.00 G-2018

SUBTOTAL \$ 700.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>21</u>
I.D. NUMBER 1401716	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, NAME)	CONTRIBUTOR CODE	PROFESSIONAL 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)
2/2/2018	Hannah Yoo 18 Center Court 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	Tax Attorney/writer None	200.00	200.00	200.00 G-2018
2/19/2018	Bonny Light 121 Via Santa Tomas Drive 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	Dentist Retired	100.00	100.00	100.00 G-2018
2/2/2018	Frances Miller 88700 Caval Drive 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	Occupational Therapist Retired	100.00	100.00	100.00 G-2018
2/2/2018	Carmen S. Lam McCone 49 Oakmont Drive 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	Superintendent of Schools Retired	100.00	100.00	100.00 G-2018
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			00	

SUBTOTAL \$ 500.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>21</u>
I.D. NUMBER 1401716	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

Schedule A Summary

1. Amount received this period - itemized monetary contributions, (include all Schedule A subtotals) -----	\$ <u>2,550.00</u>
2. Amount received this period - unitemized monetary contributions of less than \$100 -----	\$ <u>507.00</u>
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) -----	TOTAL \$ <u>2,657.00</u>
SUBTOTAL \$ <u>.00</u>	

* 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 B - Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

U.S. NUMBER

1401716

1. FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER U.S. NUMBER)	2. INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	3. OUTSTANDING BALANCE BEGINNING THIS PERIOD	4. AMOUNT RECEIVED THIS PERIOD	5. AMOUNT PAID OR FORGIVEN THIS PERIOD**	6. OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	7. INTEREST PAID THIS PERIOD	8. ORIGINAL AMOUNT OF LOAN	9. CUMULATIVE CONTRIBUTIONS TO DATE
Robert Mueller 50 Soria Crest Tr Rancho Mirage, CA 92270	Owner of Consulting - Self Business Consultant	\$.00	\$ 5,000.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 5,000.00	\$.00 RATE	\$ 5,000.00 01/25/2018 DATE INCURRED	CALENDAR YEAR \$ 12,500.00 PER ELECTION** 14,000.00 (3-2018)
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE PAID			
Robert Mueller 50 Soria Crest Tr Rancho Mirage, CA 92270	Owner of Consulting - Self Business Consultant	\$.00	\$ 2,000.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 2,000.00	\$.00 RATE	\$ 2,000.00 02/08/2018 DATE INCURRED	CALENDAR YEAR \$ 14,000.00 PER ELECTION** 14,000.00 (3-2018)
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE PAID			
Robert Mueller 50 Soria Crest Tr Rancho Mirage, CA 92270	Owner of Consulting - Self Business Consultant	\$.00	\$ 2,000.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 2,000.00	\$.00 RATE	\$ 2,000.00 01/12/2018 DATE INCURRED	CALENDAR YEAR \$ 2,000.00 PER ELECTION** 14,000.00 (3-2018)
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE PAID			
Robert Mueller 50 Soria Crest Tr Rancho Mirage, CA 92270	Owner of Consulting - Self Business Consultant	\$.00	\$ 5,000.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 5,000.00	\$.00 RATE	\$ 5,000.00 01/24/2018 DATE INCURRED	CALENDAR YEAR \$ 7,000.00 PER ELECTION** 14,000.00 (3-2018)
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE PAID			
SUBTOTALS \$		14,000.00	\$ 0.00	\$ 14,000.00	\$ 00			

*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

Enter 4 on
Schedule B Line 3
FPPC Form 460 (Jan 2016)
FPPC Advice: advice@fppc.ca.gov (866)275-3772
www.fppc.ca.gov

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

ID NUMBER
1401716

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER IF COMMITTEE, ALSO ENTER ID NUMBER	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	a. OUTSTANDING BALANCE BEGINNING THIS PERIOD	b. AMOUNT RECEIVED THIS PERIOD	c. AMOUNT PAID OR FORGIVEN THIS PERIOD	d. OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	e. INTEREST PAID THIS PERIOD	f. ORIGINAL AMOUNT OF LOAN	g. CUMULATIVE CONTRIBUTIONS TO DATE	
								CALENDAR YEAR	PER ELECTION
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE: _____	<u>0.00</u> % RATE	\$ _____ DATE ACQUIRED: _____	\$ _____	\$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE: _____	<u>0.00</u> % RATE	\$ _____ DATE ACQUIRED: _____	\$ _____	\$ _____

Schedule B Summary

1. Loans received this period ----- \$ 14,000.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ----- \$.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ----- NET \$ 14,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (If negative, use a minus sign.)

* 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

SUBTOTALS \$.00	\$	0.00	\$.00	\$.00
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* Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

**Schedule B - Part 2
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

ID NUMBER

1401716

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SOC		LENDER <hr/> DATE <hr/>		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on Summary
Page, Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page <u>11</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

CONTRIBUTOR

1401716

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	PROVIDER'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CONTRIBUTION DATE (JAN. 1 - DEC. 31)	PERIOD FOR WHICH REQUIRED
01/2018	vicars@pc 5555 Canyon Oaks Drive Riverside, CA 92506	<input type="checkbox"/> IND <input type="checkbox"/> CCM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Water data software	1,590.05	1/2018	1/2018-12/2018

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	1,590.05
2. Amount received this period - un-itemized nonmonetary contributions of less than \$100	\$	00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	1,590.05

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

SUBTOTAL \$	1,590.05
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Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCH-EQULE-D

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>21</u>

NAME OF FILER Robert Mueller for Rancho Mirage City Council 2018	ID NUMBER 1401716
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DATE	NAME OF CANDIDATE, OFFICE AND DISTRICT OR MEASURE NUMBER OR LETTER AND PERSON, OR COMMITTEE	TYPE OF PAYMENT	DESC OF FROM (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (1/1 - 12/31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

1 Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$.00

2 Unitemized contributions and independent expenditures made this period of under \$100 ----- \$.00

3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$** .00

SUBTOTAL \$	
--------------------	--

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>21</u>
I.D. NUMBER 1401716	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

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

- | | | |
|--|---|---|
| CMP campaign paraphernalia/ad | MBF member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB 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/ballot fees | PHC phone banks | TRC candidate travel lodging and meals |
| FND fundraising events | POL polling and survey research | TRS staff/office travel lodging and meals |
| IND independent expenditure supporting/opposing others (explain) | PCS postage delivery and messenger services | TSE transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRG professional services (legal, accounting) | VOT voter registration |
| LT 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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheep Web Design 31081 Terand Avenue Homeand CA 92548	CMP		700.00
PIP Printing The Tracy Building 4950 Market St Riverside CA 92507	CMP		410.96
Las Casuelas Nuevas 7050 California 111 Rancho Mirage, CA 92270	MTG		1100.00
Las Casuelas Nuevas 7050 California 111 Rancho Mirage, CA 92270	MTG		200.00

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

SUBTOTAL \$ 2,411.01

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page <u>14</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

ID NUMBER

1401716

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc | MSR member communications | RAD radio air time and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFC returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL tv, tv cable airtime and production costs |
| FIL candidate filing/bal lot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/office travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSP 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 PAEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
WorshipPro 5055 Canyon Crest Drive Riverside, CA 92506	CNS		175.00
Cubcorp Charities 524 Hospital Drive Rancho Mirage, CA 92270	MTG		165.00
Friends of Judy Silver for Senate 1778 East Palm Canyon Drive Ste 111-1372 Palm Springs, CA 92264 ID: 1397133	CTB		150.00
WorshipPro 5055 Canyon Crest Drive Riverside, CA 92506	WEB		280.00
SUBTOTAL \$			680.00

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page 15 of 21
NAME OF FILER		I.D. NUMBER
Robert Mueller for Rancho Mirage City Council 2018		1401716

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

I.D. NUMBER

1401716

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | UBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain non-monetary,*) | QFC office expenses | SAL campaign workers' salaries |
| DWC civic donations | PET petition circulating | TEL tv, or cable airtime and production costs |
| FIL candidate filing/balloon fees | PHD phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRB staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSP 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
votersPro 5055 Canyon Crest Drive Riverside, CA 92508	LIT		3,200.00
Lamar Advertising 77-586 E. Duna Court Palm Desert, CA 92211	PRT		4,900.00
Integrated Solutions, Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	WEB		113.71
votersPro 5055 Canyon Crest Drive Riverside, CA 92508	CNS		1,500.00
SUBTOTAL \$			9,713.71

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SG-E-DL-E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page <u>16</u> of <u>21</u>
NAME OF FILER		I.D. NUMBER
Robert Mueller for Rancho Mirage City Council 2018		1401716

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

I.D. NUMBER

1401716

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

- | | | |
|--|--|--|
| CMP: campaign paraphernalia/misc | MBP: member communications | RAD: radio airtime and production costs |
| CNS: campaign consultants | MTG: meetings and appearances | RFD: returned contributions |
| CTB: 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 fee or fees | PHC: 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 | TSE: 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
Sheep Web Design 5128 Terand Avenue Homeland, CA 92546	CMP		500.00
Democratic headquarters of the Desert 611 An Occasion 1581 Corona Drive Palm Springs, CA 92264 I.D. FEC: C00496679	MTG		100.00
Promotivators, Ltd. 888 E El Cid Drive Palm Springs, CA 92262	CMP		455.72
Desert Starewall Democrats PO Box 4536 Palm Springs, CA 92263 I.D.: 1220539	MTG		100.00
SUBTOTAL \$			1,155.72

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page <u>17</u> of <u>21</u>
NAME OF FILER		D. J. WISE
Robert Mueller for Rancho Mirage City Council 2018		1401716

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 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. | MSP member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MFG meetings and appearances | RFD returned contributions |
| CDS contribution (excludes non-monetary)* | OPD office expenses | SAL campaign workers' salaries |
| CPO civic partners | PET petition circulating | TEL tv or cable airtime and production costs |
| FL candidate filing/balot fees | PHD phone banks | TRD candidate travel, lodging, and meals |
| FND fundraising events | POI polling and survey research | TSS staff spouse travel, lodging, and meals |
| IO independent expenditures supporting/opposing others (excludes*) | POS postage, delivery and messenger services | TSP transfer between committees of the same candidate sponsor |
| LEG legal defense | PRO professional services legal/accounting | VOT voter registration |
| LT campaign literature and mailings | PRF printing | 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
Greg Petersor 401 El Cielo Road #100 Palm Springs, CA 92262	CMP	Photography	350.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 14,910.44
- Unitemized payments made this period of under \$100 (all payments under \$100 are unitemized.) \$ 157.71
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 14,468.15**

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

SUBTOTAL \$ 350.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page 18 of 21
NAME OF FILER		I.D. NUMBER
Robert Mueller for Rancho Mirage City Council 2018		1401716

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 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. | MCR member communications | RAD radio airtime and production costs |
| CMS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTE contribution (explain non-monetary)* | OFF office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv, or cable airtime and production costs |
| FL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/office 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) |

(a) NAME AND ADDRESS OF CREDITOR IF COMMITTEE, ALSO ENTER I.D. NUMBER	(b) CODE OR DESCRIPTION OF PAYMENT	(c) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(d) AMOUNT INCURRED THIS PERIOD	(e) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) _____ **INCURRED TOTALS \$** _____ .00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) _____ **PAID TOTALS \$** _____ .00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) _____ **NET \$** _____ .00

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

SUBTOTALS \$ \$ \$ \$

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	02/24/2018	Page <u>19</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

COMMITTEE NUMBER

1401716

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 air time 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 air time and production costs |
| FIL candidate filing/ballot fees | PHO 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 | TSE 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 COM. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

TOTAL * \$

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>20</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

I.D. NUMBER

1401716

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

SUBTOTALS	\$	\$	\$	\$	
------------------	----	----	----	----	--

*Loans that are contributions to another candidate or committee must also be summarized on Schedule C. Loans forgiven must also be reported on Schedule E

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SC-EDJLE

Statement covers period from <u>01/01/2018</u> through <u>02/24/2018</u>	CALIFORNIA FORM 460
	Page <u>21</u> of <u>21</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Robert Mueller for Rancho Mirage City Council 2018

ID NUMBER

1401716

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE ALSO ENTER ID NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. ----- \$.00

2. Unitemized increases to cash of Under \$100 this period. ----- \$.00

3. Total of all interest received this period on loans made to others. (Schedule - , Column (e)) ----- \$.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- **TOTAL \$** .00

SUBTOTAL \$