

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp 10 05 '12 PM 02 24 CITY OF IW	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>JULY 1, '12</u> through <u>SEPT 30, '12</u>	Date of election if applicable: (Month, Day, Year) <u>NOV. 6, 2012</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"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small>         | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**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<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1347848

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
COMMITTEE TO ELECT MITCH BLUMBERG  
INDIAN WELLS CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)  
74-923 HWY 111 #118

CITY STATE ZIP CODE AREA CODE/PHONE  
INDIAN WELLS CA 92210 (60) 413-6905

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  
MITCH BLUMBERG

MAILING ADDRESS  
74-923 HWY 111 #118

CITY STATE ZIP CODE AREA CODE/PHONE  
INDIAN WELLS, CA 92210 (60) 413-6905

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 <u>Oct 5, 2012</u> Date	By <u>[Signature]</u> 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

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 1 '12</u>	<b>CALIFORNIA FORM 460</b>
through <u>SEPT 30 '12</u>	
Page <u>2</u> of <u>5</u>	I.D. NUMBER <u>1347848</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT MITCH BLUMBERG INDIAN WELLS CITY COUNCIL 2012

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>      </u>	\$ <u>      </u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>1,000</u>	\$ <u>2,000</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>      </u>	\$ <u>      </u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>      </u>	\$ <u>      </u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>      </u>	\$ <u>      </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>      </u>	\$ <u>      </u>
21. Expenditures Made	\$ <u>      </u>	\$ <u>      </u>

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1,574.09</u>	\$ <u>1,702.75</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>      </u>	\$ <u>      </u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>      </u>	\$ <u>      </u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>      </u>	\$ <u>      </u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>      </u>	\$ <u>      </u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>      </u>	\$ <u>      </u>

**Expenditure Limit Summary for State  
Candidates**

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>      </u>
<u>      </u> / <u>      </u> / <u>      </u>	\$ <u>      </u>

Current Cash Statement	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>      </u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>      </u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>      </u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>      </u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>      </u>

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

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from July 1, '12  
through SEPT 30, '12

**CALIFORNIA FORM 460**  
Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT MITCH BLUMBERG INDIAN WELLS CITY COUNCIL 2012 I.D. NUMBER 1347848

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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
<u>MITCH BLUMBERG 74-923 HWY 111, # 118 INDIAN WELLS, CA 92210</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>NON-PROFIT EXEC. DESERT ARC</u>	<u>\$ 1,000</u>	<u>\$</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>\$ 1,000</u> <u>12/31/12</u> DATE DUE	<u>0</u> RATE	<u>\$ 1,000</u> <u>5/16/12</u> DATE INCURRED	<u>\$ 1,000</u> CALENDAR YEAR <u>PER ELECTION**</u>
<u>SAME AS ABOVE</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SAME AS ABOVE</u>	<u>\$</u>	<u>\$ 1,000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>\$ 1,000</u> <u>12/31/12</u> DATE DUE	<u>0</u> RATE	<u>\$ 1,000</u> <u>7/27/12</u> DATE INCURRED	<u>\$ 2,000</u> CALENDAR YEAR <u>PER ELECTION**</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>\$</u> DATE DUE	<u>%</u> RATE	<u>\$</u> DATE INCURRED	<u>\$</u> CALENDAR YEAR <u>PER ELECTION**</u>
<b>SUBTOTALS \$</b>								

**Schedule B Summary**

1. Loans received this period ..... \$ 1,000  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ 0  
(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 \$ 1,000  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE E	
from	July 1 '12	<b>CALIFORNIA FORM 460</b>	
through	Sept 30 '12	Page 4 of 5	
NAME OF FILER		I.D. NUMBER	
COMMITTEE TO ELECT MITCH BLUMBERG INDIAN WELLS CITY COUNCIL 2012		1347848	

SEE INSTRUCTIONS ON REVERSE

**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	t.v. 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)*	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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HIGH TECH MAILING PO BOX 249 PALM DESERT, CA 92261	LIT			599.86
CITY OF INDIAN WELLS 44950 ELDORADO INDIAN WELLS, CA 92210	FIL			350.00
STAPLES 72811 HWY 111 PALM DESERT, CA 92260	LIT			183.15

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	1,574.09
2. Unitemized payments made this period of under \$100 .....	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<b>1,574.09</b>

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT MITCH BLUMBERG INDIAN WELLS CITY COUNCIL 2012

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	JULY 1 '12	
through	SEPT 30 '12	Page 5 of 5
		I.D. NUMBER 1347848

**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 t.v. 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)* | 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)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STAPLES 72811 HWY 111 PALM DESERT, CA 92260	LIT		370.58
VIP PROMOTIONAL SERVICES 83211 HWY 111 INDIO, CA 92201	CMP		70.45

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

SUBTOTAL \$ 441.08