

**Recipient Committee  
Campaign Statement  
Cover Page**

071116 PM0323 city of IW

|            |  |
|------------|--|
| Date Stamp | <b>CALIFORNIA FORM 460</b>                         |
|            | Page <u>1</u> of <u>8</u><br>For Official Use Only |

|  |  |
|--|--|
| Statement covers period<br>from <u>01-01-2016</u><br>through <u>06-30-2016</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11-08-2016</u> |
|--|--|

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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" 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"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
**1378007**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

TEAM TO RE-ELECT TED MERTENS -  
INDIAN WELLS CITY COUNCIL - 2016

STREET ADDRESS (NO P.O. BOX)

74972 Saguaro Lane

|              |       |          |                 |
|--------------|-------|----------|-----------------|
| CITY         | STATE | ZIP CODE | AREA CODE/PHONE |
| Indian Wells | CA    | 92210    | 760 776 8186    |

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

JL MERTENS

MAILING ADDRESS

74972 Saguaro Lane

|              |       |          |                 |
|--------------|-------|----------|-----------------|
| CITY         | STATE | ZIP CODE | AREA CODE/PHONE |
| Indian Wells | CA    | 92210    | 760 776 8186    |

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

Executed on 07-01 2016  
Date

Executed on 07-01-2016  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By JL Mertens  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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  
TED MERTENS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CITY COUNCIL - CITY OF INDIAN WELLS CA 92210

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
74972 Saguaro Lane Indian Wells CA 92210

**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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01-01-2016 |                                |
| through                 |            | Page <u>3</u> of <u>8</u>      |
|                         |            | I.D. NUMBER<br>1378007         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ <u>3005</u>   | \$ <u>3005</u>                             |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | \$ <u>1000</u>   | \$ <u>1000</u>                             |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>4005</u>   | \$ <u>4005</u>                             |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>4005</u>   | \$ <u>4005</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 | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>277.28</u>   | \$ <u>277.28</u>                           |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>277.28</u>   | \$ <u>277.28</u>                           |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>277.28</u>   | \$ <u>277.28</u>                           |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>0</u>       |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | \$ <u>4005.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | \$ <u>0</u>       |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | \$ <u>277.28</u>  |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>3727.72</u> |

*If this is a termination statement, Line 16 must be zero.*

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ <u>0</u>    |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>1000</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.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>01-01-2016</u><br>through <u>06-30-2016</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
|  |  |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016

I.D. NUMBER  
1378007

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6-1-2016      | Jim Fraser<br>44198 Mesquite Dr.<br>Indian Wells CA 92210                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-1-2016      | Shelly Fraser<br>44198 Mesquite Dr.<br>Indian Wells CA 92210                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-1-2016      | Mrs. John Bradley<br>75927 Via Allegra<br>Indian Wells CA 92210                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-1-2016      | Bill Powers<br>77340 Black Mountain Trail<br>Indian Wells CA 92210                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-2-2016      | Sue Shigenaga<br>76145 Via Fiore<br>Indian Wells CA 92210                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>Merck & Co. Inc  | 100                         |  |                                       |

**SUBTOTAL \$ 500**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2350
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 655
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 3005

\*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<br>from <u>01-01-2016</u><br>through <u>06-30-2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>8</u>  |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016</b> | I.D. NUMBER<br><b>1378007</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6-3-2016           | Al Wiese<br>45451 Cielito Dr.<br>Indian Wells CA 92210  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-6-2016           | Susan Malek<br>45355 Via Corona<br>Indian Wells CA 92210  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RE Sales<br>Desert Estates Realty<br>Palm Desert, CA  | 100                         |  |                                       |
| 6-8-2016           | J. Brueckner<br>45483 Espinazo St<br>Indian Wells CA 92210                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 1000                        |  |                                       |
| 6-13-2016          | John Tarantino<br>75535 Cocopah Circle<br>Indian Wells CA 92210                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-13-2016          | Sue Meisenhelter<br>3041 Faith Lane<br>Red Lion PA 17356  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1400</b>                 |  |                                       |

\*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 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01-01-2016 |                                |
| through                 | 06-30-2016 | Page <u>6</u> of <u>8</u>      |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016</b> | I.D. NUMBER<br><b>1378007</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6-13-2016          | Vicki Shepard<br>46190 Manitou<br>Indian Wells CA 92210   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Law Enforcement<br>U.S. Government  | 100                         |  |                                       |
| 6-15-2016          | Gary Block<br>76290 Via Uzzano<br>Indian Wells CA 92210   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         |  |                                       |
| 6-30-2016          | Dana Reed<br>46146 E. El Dorado Dr.<br>Indian Wells CA 92210                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney,<br>Davidson, Reed<br>Los Angeles  | 250                         |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450</b>                  |  |                                       |

\*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.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01-01-2016</u><br>through <u>06-30-2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>7</u> of <u>8</u>  |
| I.D. NUMBER<br><b>1378007</b>  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                        | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                       |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| TED MERTENS<br>74972 Saguaro Lane<br>Indian Wells CA 92210<br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Candidate,<br>Indian Wells<br>City Council - 2016                                     | \$ <u>0</u>                                      | \$ <u>1000</u>                     | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ <u>1000</u><br><br>n/a<br>DATE DUE              | <u>0</u> %<br>RATE               | \$ <u>1000</u><br><br><u>5-21-16</u><br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>1000</u><br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____       |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE                           | _____%<br>RATE                   | \$ _____<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____       |
| <b>SUBTOTALS</b>  |   | \$   | \$ <u>1000</u>                     | \$ <u>0</u>  | \$ <u>1000</u>                                     | \$ <u>0</u>                      |   |   |

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 1000  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ 1000  
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**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>01-01-2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>06-30-2016</u>                         |                                |
| Page <u>8</u> of <u>8</u>                         | I.D. NUMBER<br>1378007         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

TEAM TO RE-ELECT TED MERTENS - INDIAN WELLS CITY COUNCIL - 2016

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Secretary of State<br>1500 11th Street, Room 495<br>Sacramento CA 95814 | FIL     | Form 410 - Statement of Organization  | 50.00       |
| AAA Financial Services<br>1000 Temple St.<br>Los Angeles CA 90012       | LIT     | Credit card payment for postage, information technology, mailings, candidate lit. | 158.23      |
| Costco<br>72800 Dinah Shore Dr. Palm Desert CA 92211                    | LIT     | Campaign lit/mailings   | 6.47        |

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

**SUBTOTAL \$ 214.70**

**Schedule E Summary**

|   |                 |               |
|---|-----------------|---------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 214.70        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 62.58         |
| 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>277.28</b> |