

**Recipient Committee
Campaign Statement
Cover Page**

RECEIVED
CITY OF MILLBRAE
Date Stamp

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 17

For Official Use Only

Statement covers period
from 09/20/2015
through 10/17/2015

Date of Election if applicable
OCT 22 2015
(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1340169

COMMITTEE NAME
Robert Gottschalk for Millbrae City Council 2015

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
David M. Slosberg

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 10/22/15

By *David M. Slosberg* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on X 10/23/15

By X *Robert M. Gottschalk* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page - Part 2**

Statement covers period
 from 09/20/2015
 through 10/17/2015

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Robert G. Gottschalk
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 City Council Member City of Millbrae
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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 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 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

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER OR 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**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	
		Page 3 of 17

NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
1340169

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 13,009.00	\$ 22,682.00
2. Loans Received Schedule B, Line 3	0.00	5,400.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 13,009.00	\$ 28,082.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	2,955.12
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 13,009.00	\$ 31,037.12

**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		
6. Payments Made Schedule E, Line 4	\$ 9,414.00	\$ 11,728.25
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 9,414.00	\$ 11,728.25
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	2,955.12
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 9,414.00	\$ 14,683.37

**Expenditure Limit Summary
for State Candidates**

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

_____ \$ _____
_____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 7,365.90
13. Cash Receipts Column A, Line 3 above	13,009.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	9,414.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,960.90
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 5,400.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from 09/20/2015		
through 10/17/2015		Page 4 of 17

NAME OF FILER Robert Gottschalk for Millbrae City Council 2015	I.D. NUMBER 1340169
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Advanced Cargo Logistics	OTH		150.00	150.00	
10/05/2015	Gaetane M. Andrews	IND	Retired N.A.	50.00	150.00	
10/05/2015	Denise Baker	IND	Real Estate/Notary Marshall Realty	200.00	200.00	
10/05/2015	Blue Line Transfer Inc.	OTH		150.00	150.00	

SUBTOTAL \$	550.00
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Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 10,850.00
2. Amount received this period - unitemized	\$ 2,159.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$ 13,009.00

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
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through	10/17/2015	Page 5 of 17

NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
1340169

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Vernon Bruce	IND	Locksmith/Business Owner Millbrae Lock	100.00	100.00	
10/05/2015	CALIFORNIA APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE	COM	ID No. 745208	250.00	250.00	
10/05/2015	Stephen C.O. Cheung	IND	Insurance Broker JIS Insurance Services	50.00	150.00	
10/16/2015	Carrie C. Chinn	IND	Retired N.A.	100.00	150.00	

SUBTOTAL \$ 500.00

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER 1340169

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Joao Baptista Darosa	INC	Architect Darosa & Associates	500.00	500.00	
10/16/2015	John T. Dawdy	INC	Businessman Self-Employed	200.00	200.00	
10/05/2015	Geary Terraces South LLC	OTH		3,000.00	3,000.00	
10/16/2015	Walter J. Gladwin	IND	Retired N.A.	100.00	100.00	
SUBTOTAL \$				3,800.00		

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015		I.D. NUMBER 1340169

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Lew J. Grasberger	INC	Retired N.A.	100.00	100.00	
10/05/2015	Mary Griffin	INC	Retired N.A.	100.00	100.00	
10/05/2015	Brian Ho	INC	Media News for Chinese	100.00	100.00	
10/05/2015	Judah Terraces LLC	OTH		1,000.00	1,000.00	

SUBTOTAL \$	1,300.00
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Charles J. Katz	INC	Attorney Self-Employed	100.00	100.00	
10/05/2015	George K. Lai	INC	Vice President Far East Realty	300.00	400.00	
10/05/2015	Ming Lee	INC	Retired N.A.	100.00	100.00	
10/05/2015	MACC Capital LLC	OTH		250.00	250.00	

SUBTOTAL \$ 750.00

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Christine Ma	IND	Retired N.A.	100.00	100.00	
10/05/2015	Marshall Realty	OTH		500.00	500.00	
10/16/2015	Janet McAuley	IND	Retired N.A.	100.00	100.00	
10/05/2015	Robert J. Mion	IND	Retired N.A.	50.00	150.00	

SUBTOTAL \$ 750.00

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	John F. Muniz	IND	Accounting Ampex	50.00	100.00	
10/05/2015	John F. Muniz	IND	Accounting Ampex	50.00	100.00	
10/16/2015	Arthur Ng	IND	Businessman Self-Employed	300.00	300.00	
10/05/2015	Ivan S. Pung	IND	Retired N.A.	50.00	249.00	
SUBTOTAL \$				450.00		

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER 1340169

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Walter F. Ramseur	IND	Retired N.A.	200.00	200.00	
10/05/2015	SAN MATEO BUILDING TRADES JOINT COUNCIL PAC	COM	ID No. 870669	500.00	500.00	
10/05/2015	San Mateo County Deputy Sheriffs Association PAC	COM	ID No. 1312152	500.00	500.00	
10/05/2015	Artin Sarkissian	IND	Retired N.A.	100.00	100.00	

SUBTOTAL \$ 1,300.00

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

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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

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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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Frank F. Seebode	IND	Retired N.A.	100.00	200.00	
10/05/2015	Dorothy Semke	IND	Retired N.A.	50.00	150.00	
10/16/2015	Fanny S. Suen	IND	Business Owner Time Advertising	500.00	500.00	
10/16/2015	Sunny Sun	IND	President E Poly Star Inc.	500.00	500.00	
SUBTOTAL \$				1,150.00		

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

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

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1340169

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	Mary Vella Treseler	IND	Retired N.A.	50.00	200.00	
10/16/2015	Gilbert M. Walz	IND	Business Owner Tracking The World	150.00	150.00	
10/05/2015	Stephanie Xu	IND	Bank Officer East West Bank	100.00	100.00	

SUBTOTAL \$	300.00	
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** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period from 09/20/2015 through 10/17/2015	CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

I.D. NUMBER
1340169

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Robert G. Gottschalk	Attorney	100.00		<input type="checkbox"/> PAID	100.00	0.00	100.00	CALENDAR YEAR 3,055 PER ELECTION **
	Self-Employed			<input type="checkbox"/> FORGIVEN				
Contributor Code: IND					DUE DATE 07/26/2014	INTEREST RATE 0.00 %	DATE INCURRED 07/26/2011	
Robert G. Gottschalk	Attorney	300.00		<input type="checkbox"/> PAID	300.00	0.00	300.00	CALENDAR YEAR 3,055 PER ELECTION **
	Self-Employed			<input type="checkbox"/> FORGIVEN				
Contributor Code: IND					DUE DATE 08/16/2014	INTEREST RATE 0.00 %	DATE INCURRED 08/16/2011	
Robert G. Gottschalk	Attorney	4,000.00		<input type="checkbox"/> PAID	4000.00	0.00	4,000.00	CALENDAR YEAR 3,055 PER ELECTION **
	Self-Employed			<input type="checkbox"/> FORGIVEN				
Contributor Code: IND					DUE DATE 09/26/2014	INTEREST RATE 0.00 %	DATE INCURRED 09/26/2011	

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 4,400.00	(e) 0.00	
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 (Continued)
Loans Received

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015

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1340169

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a)	(b)	(c)	(d)	(e)	(f)	(g)
		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Robert G. Gottschalk	Attorney	1,000.00		<input type="checkbox"/> PAID	1000.00		1,000.00	CALENDAR YEAR 3,055
	Self-Employed			<input type="checkbox"/> FORGIVEN				
Contributor Code: IND					DUE DATE 10/15/2014	INTEREST RATE 0.00 %	DATE INCURRED 10/15/2011	PER ELECTION **

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 1,000.00	(e) 0.00	
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** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Gottschalk for Millbrae City Council 2015		I.D. NUMBER 1340169

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fong Brothers Printing Inc.	LIT		1,647.29
Fong Brothers Printing Inc.	LIT		1,647.29
Fong Brothers Printing Inc.	LIT		2,285.25
SUBTOTAL \$			5,579.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 9,414.00
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 9,414.00

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

Statement covers period		CALIFORNIA FORM 460
from 09/20/2015		
through 10/17/2015		Page 17 of 17
NAME OF FILER Robert Gottschalk for Millbrae City Council 2015		I.D. NUMBER 1340169

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc.	LIT		239.17
Political Data Inc.	OFC		45.00
Time Advertising	LIT		870.00
Zen Peninsula Center	FND		2,680.00

SUBTOTAL \$ 3,834.17