

0228*11 AM 0842 city of IN

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MULLANY PATRICK J.

1. Office, Agency, or Court

Agency Name

CITY OF INDIAN WELLS

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: CVAG

Position: COMMITTEE MEMBER

2. Jurisdiction of Office (Check at least one box)

State

Judge (Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other COACHELLA VALLEY

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2.10.11
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Best Best & Krieger LLP Attorneys at Law
 ADDRESS (Business Address Acceptable)
3500 Porsche Way, Ste 200, Ontario 91764
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 16 / 10</u>	<u>\$ 246.68</u>	<u>Client Dinner@League</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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Comments: _____