

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

CITY CLERK
MORENO VALLEY
RECEIVED

15 MAY -7 AM 10:09

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

Statement covers period
from 10/19/2014
through 01/29/2015

Date of election if applicable
(Month, Day, Year)
11/04/2014

SEE INSTRUCTIONS ON REVERSE

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 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
(Also Complete Part 6)
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1365694

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Madelene Muntz for MVCC District 2 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92557

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
Anita Muntz

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Hemet CA 92544

NAME OF ASSISTANT TREASURER, IF ANY

Radene Hiers

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Moreno Valley CA 92551

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

Executed on 5/7/15
Date

By [Signature]
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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Madelene Muntz
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Moreno Valley City Council District 2
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: [Redacted] Moreno Valley CA 92557

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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address (No P.O. Box), City, State, Zip Code, Area Code/Phone. Includes two identical rows for reporting committees.

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, 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.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, [] SUPPORT [] OPPOSE. Includes four rows for reporting candidates.

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/19/2014</u>	CALIFORNIA FORM 460
through <u>01/29/2015</u>	
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1365694</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Muntz

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>1020.52</u>	\$ <u>3820.52</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>(1400.00)</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>(379.48)</u>	\$ <u>3820.52</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>1500.00</u>	<u>2197.09</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1120.52</u>	\$ <u>6017.61</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>573.13</u>	\$ <u>3820.52</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>573.13</u>	\$ <u>3820.52</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>1500.00</u>	<u>2197.09</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2073.13</u>	\$ <u>6017.61</u>

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>952.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>(379.48)</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>573.13</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0</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 <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>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/19/2014</u> through <u>01/29/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Anita Muntz	I.D. NUMBER 1365694
-------------------------------------	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-23-14	Riverside County Democratic 11333 Lake Port Drive Riverside, CA 92505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		250.00	250.00	
10-23-14	United Union of Roofers, Waterproofers & Allied Workers; Political Ed & Legislative Fund 1660 L St. NW, #600 Washington DC 20036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
11-06-14	Denise Barksdale [REDACTED] Charlotte, NC 28277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
11-06-14	Roy Mabry [REDACTED] Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
11-06-14	Residents Ending Corruption and Lies (Recal) 24460 Electra Court Moreno Valley, CA 92551 ID# 1362680	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	50.00	
SUBTOTAL \$				700.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 995.52
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1020.52

*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**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/19/2014</u>	CALIFORNIA FORM 460
through <u>01/29/2015</u>	
Page <u>5</u> of <u>9</u>	

NAME OF FILER Anita Muntz	I.D. NUMBER 1365694
-------------------------------------	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01-29-15	Madelene Muntz [REDACTED] Moreno Valley, CA 92557	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Chief Deputy Warden, CA Dept of Corrections & Rehabilitation	295.52	295.52	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				295.52		

*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**

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

Statement covers period from <u>10/19/2014</u> through <u>01/29/2015</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Muntz

I.D. NUMBER

1365694

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
Madelene Muntz ██████████ Moreno Valley, CA 92557	Retired Chief Deputy Warden, CA Dept of Corrections & Rehabilitation	\$ 500.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 204.48 <input checked="" type="checkbox"/> FORGIVEN \$ 295.52	\$ 0 DATE DUE	0 % RATE \$ 0	\$ 500.00 07-17-14 DATE INCURRED	CALENDAR YEAR \$ 500.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Sherine Jefferson ██████████ San Antonio, TX 78249	Retired Insurance & Financial Planner	\$ 900.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 900.00 <input type="checkbox"/> FORGIVEN	\$ 0 DATE DUE	0 % RATE \$	\$ 900.00 09-16-14 DATE INCURRED	CALENDAR YEAR \$ 900.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$			0 \$	1400.00 \$	0 \$	0		

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1400.00
(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 \$ (1400.00)**
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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>10/19/2014</u>	CALIFORNIA FORM 460
through <u>01/29/2015</u>	
Page <u>7</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Muntz

I.D. NUMBER

1365694

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10-31-14	Local 721 CTW, CLC State & Local Service Employees International Union 1545 Wilshire Blvd. Los Angeles, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		political mailer, non monetary in kind donation from PAC	1500.00	1500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1500.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	<u>1500.00</u>
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	<u>0</u>
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 \$	<u>1500.00</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 E
Payments Made**

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

Statement covers period from <u>10/19/2014</u>	CALIFORNIA FORM 460
through <u>01/29/2015</u>	
Page <u>8</u> of <u>9</u>	I.D. NUMBER 1365694

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Muntz

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
Wal-Mart Superstore 6250 Valley Springs Pkwy. Riverside, CA 92507	MTG	Campaign watch on election day/night	202.41
Costco Warehouse 12700 Day Street Moreno Valley, CA	PHO	Food for Precinct Walking, Phone Banking, and supplies	121.05
Kimball Political Consulting www.Kimballpc.com 800-956-8046	CNS	Robo Calls	173.56

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

SUBTOTAL \$ 497.02

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>349.09</u>
2. Unitemized payments made this period of under \$100	\$	<u>224.04</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>573.13</u>

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

SCHEDULE E (CONT.)

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

Statement covers period from <u>10/19/2014</u> through <u>01/29/2015</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anita Muntz

I.D. NUMBER

1365694

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
City of Moreno Valley P.O. Box 88005 Moreno Valley, CA 92552	CMP	Partial refund of campaign statement fee.	(147.93)

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

SUBTOTAL \$ (147.93)