Recipient Committee Campaign Statement Cover Page	Type or print in i		Date Stamp D	CALIFORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from July 1, 2014 through DEC 31, 2014	Date of election if applicable: (Month, Day, Year) CIT	Y OF COMMERCE CITY CLERK	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Prolitical Party/Central Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain t	t ☐ Sper ☐ Sup Fermination) State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FYICHAS OF SONIA T. PODY COUNCIL 2015 STREET ADDRESS (NO P.O. BOX) STATE ZIP COT MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COT OPTIONAL: FAX / E-MAIL ADDRESS SONIA + COMMITTEE OF P.O. BO 4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Jawary 15, 2015	AREA CODE/PHONE 323 379-5363 DE AREA CODE/PHONE 1ail.Com this statement and to the best of my know	MAILING ADDRESS 5600 E.Jo CITY COYMMERCE, C NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDI	STATÉ ZIP C	373 379-5363 ODE AREA CODE/PHONE
Executed on	Ву	Signature of Treaturer or Assistant rolling Officeholder, Candidate State Measure Pro Signature of Controlling Officeholder, Candidate, S Signature of Controlling Officeholder, Candidate, S	oponent or Responsible Officer of Sponsor State Measure Proponent	

Officeholder or Candidate Controlled Co	mmittee	6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Sonia T. RODRIGUEZ							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DE	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Member of the City	Comal						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
5600 E. JOAQUIN CT, C	MMERCE CA 90040		Identify the controlling office			easure p	roponent, it any
			NAME OF OFFICEHOLDER, CANDI	DATE, OR PRO	PONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	NCT NO. II	F ANY
COMMITTEE NAME	I.D. NUMBER					····	······································
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid				
	YES NO		officeholder(s) or candidate(s) for	or Wnich this	committee is prima	iriiy tormi	ea.
COMMITTEE ADDRESS STREET ADDRESS (NO F	O. BOX)		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	LD. NUMBER		NAME OF OFFICEHOLDER OR CAN	IDIDATE	OFFICE SOUGHT O	D HEI D	
			NAME OF OFFICEROEDER OR CAR	NOIDATE	OFFICE SOUGHT O	KTILLD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
***************************************	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	O. BOX)				<u> </u>		
CITY STATE	ZIP CODE AREA CODE/PHONE		****				
OWNE .			Attach	continuatio	n sheets if neces:	sary	

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE CALIFORNIA **FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ends of Sonia T. Rodriguez For Council 2015

I.D. NUMBER 1373879

Contributions Received 1. Monetary Contributions	\$ Column A	\$	Column B CALENDAR YEAR TOTAL TO DATE	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 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 71.80	\$ \$	71.80 	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 7582.35 71.80 2510.55	am cor froi rep Co figu sul per the for car	calculate Column B, add tounts in Column A to the tresponding amounts in Column B of your last tout. Some amounts in lumn A may be negative ares that should be otracted from previous riod amounts. If this is first report being filed this calendar year, only my over the amounts in Lines 2, 7, and 9 (if y).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	•			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2014

CALIFORNIA 460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

through DEC 31,2014

Page 4 of 5

1.D. NUMBER 1373879

triend	SOF Sonia 1. KODRIGUEZ	FORC	ouncil 2015		13	+38+4
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)
11/21/14	Friends of Lilia Leon For Council 2013 Communa 9000	□IND INCOM □OTH UY□ PTY IO□ SCC	Negotialista	\$500.00	\$500.00	\$500.00
12/18/14	Blanca A. RODRIGUEZ 6208 HEREFORD DR	MIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	å 500.00	\$500.00	\$500.00
12/18/14	Calmet SERVICES INC 7202 E. PEHERSON LANE PARAMOUNT, CA 90723	□IND □COM ■OTH □PTY □SCC		\$1000.	\$1000.~	\$1000,-
12/30/14	JOE A. Aguilar 2547 LEO QUE Commerce, CA 30040	MIND COM OTH PTY SCC	Retired	4482,35	\$482.35	\$482.35
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL\$ 2482.35

Schedule A Summai	У
-------------------	---

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$

2482.35

2. Amount received this period – unitemized monetary contributions of less than \$100\$

 *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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

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

SCHEDULEE

Statement covers period from July 1, 2014

through DEC 31, 2014

Page 5 of 5

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Social T. Page 5 of 5

1.D. NUMBER

1.32-29-19

Friends of Sonia T. Roppiquez 1	For	Council 2013	5		137387	7
CODES: If one of the following codes accurately describes the payment of the following codes accurately describes the payment of the following codes accurately describes the payment of t	ment, you mber commetings and ce expensition circulations one banks ling and sistage, delive	ou may enter the code. Communications depended appearances descriptions descriptions and the code.	Otherwise, d RAD RFD SAL TEL TRC TRS TSF VOT	escribe the payment. radio airtime and production co returned contributions campaign workers' salaries t.v. or cable airtime and produc candidate travel, lodging, and n staff/spouse travel, lodging, an transfer between committees o voter registration information technology costs (in	istion costs neals d meals of the same candidate/spor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION	I OF PAYMENT	AMOUNT PAID)
* Payments that are contributions or independent expenditures must also be	e summa	arized on Schedule D.		SUBT	FOTAL\$	
Schedule E Summary		***************************************				
1. Itemized payments made this period. (Include all Schedule E subtotals	s.)			•••••		
2. Unitemized payments made this period of under \$100			******		\$_71.80	_
3. Total interest paid this period on loans. (Enter amount from Schedule B	B, Part 1	1, Column (e).)		***************************************	\$	_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here as	nd on th	ne Summary Page, Colum	n A, Line 6.) TOTA	L \$ 71.80	

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	ink.	Date Stamp	6: 07	COVER PAGE LIFORNIA 460 FORM 6	
`	Statement covers period from January 1, 2015 through January 17, 2015	Date of election if applicable: (Month, Day, Year)	TY OF COMM CITY GLER	Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rmplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled 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	it [[ermination]	 Supplementa	atement -Year Report al Preelection Attach Form 495
(Committee intormation	o. NUMBER 1373879	Treasurer(s) NAME OF TREASURER Sonia T. Rodriguez MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX) 5600 E. Joaquin Ct.		5600 E. Joaquin Ct.	STATE CA	ZIP CODE 90040	area code/phone 323.363.1291
CITY STATE ZIP CO COMMERCE CA 9004(MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	323.363.1291	NAME OF ASSISTANT TREASU	IRER, IF ANY		
CITY STATE ZIP CC	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	a that the foregoing is true and correct. By By	T. Rodugues Signature of Teasurer of Assistan Ma. T. Rodugues	t Treasurer		ue and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		

	led Committee	6. Primarily Formed Ball			
NAME OF OFFICEHOLDER OR CANDIDATE	-	NAME OF BALLOT MEASURE			
Sonia T. Rodriguez					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Member of the City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP				
5600 E. Joaquin Ct.	Commerce, CA 90040	Identify the controlling of			re proponent, if ar
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT	
	in this Statement: List any committees olled by you or are primarily formed to receive If of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
		7. Deimonik Formund One	15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car			
	CONTROLLED COMMITTEE?	officeholder(s) or candidate((s) for which thi	is committee is primarily i	formed.
	CONTROLLED COMMITTEE?		(s) for which thi		formed.
COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	officeholder(s) or candidate((s) for which thi	is committee is primarily i	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	officeholder(s) or candidate((s) for which thi CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	(s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STAT COMMITTEE NAME	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR	(s) for which thi CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE OFFICE SOUGHT OR HE	SUPPORT OPPOSE SUPPORT OPPOSE D SUPPORT OPPOSE D OPPOSE

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** January 1, 2015 from _ Page ___3 January 17, 2015 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Sonia T. Rodriguez for Council 2015 1373879

Contributions Received		Column A TOTAL THIS PERIOD MATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	1150.15	\$	1150.15	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received					, and the second
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1150.15	\$	1150.15	20. Contributions Received \$\$
4. Nonmonetary Contributions		1150.15		1150.15	21. Expenditures Made \$\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1130.13	\$	1130.13	ivade \$
Expenditures Made		0504.40		0504.40	Expenditure Limit Summary for State
6. Payments Made	\$	2504.42	\$	2504.42	Candidates
7. Loans Made		2504.42	s	2504.42	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS			Ψ	2304.42	(If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment					Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE		2504.42	\$	2504.42	\$
Current Cash Statement	·····				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B, add	
13. Cash Receipts		1150.15		ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0504.40	froi	n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		2504.42 1156.28	Co	ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1130.28		ures that should be stracted from previous	
If this is a termination statement, Line 16 must be zero.	and the second	**************************************		iod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			froi any	n Lines 2, 7, and 9 (if	
18. Cash Equivalents					
19. Outstanding Debts	\$				FPPC Form 460 (January/09 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Sonia T. Rodriguez for Council 2015

I.D.	NUMBER
137	3879

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)
1/2/2015	The Gas Company 555 West 5th Street Los Angeles, CA 90013	□IND □COM ☑OTH □PTY □SCC		\$250	\$250	\$250
1/2/2015	Annelle Grajeda 2547 Leo Avenue Commerce, CA 90040	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	\$250	\$250	\$250
1/2/2015	Certified Roofing Applicators P.O. Box 4103 Whittier, CA 90607	□IND □COM ØOTH □PTY □SCC		\$500	\$500	\$500
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTALS			

Schedule A Summary

*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 fromJanuary 1, 2015	california 460		
SEE INSTRUCTIONS ON REVERSE		through January 17, 2015	Page 5 of 6		
NAME OF FILER			I.D. NUMBER		
Friends of Sonia T. Rodriguez for Council 2015	5		1373879		
CODES: If one of the following codes accuratel	y describes the payment, you may enter the code	. Otherwise, describe the payment.			
DMP 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 prod	duction costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an	d meals		

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

PRT print ads

fundraising events

campaign literature and mailings

LEG legal defense

independent expenditure supporting/opposing others (explain)*

FND

IND

CODE	DR DESCRIPTION OF PAYMENT		AMOUNT PAID	
СМР	Design Artwork for Handouts		\$100.00	
FIL	Ballot Fee		\$489.00	
СМР	Lawn Signs		\$1450.00	
nust also be summarized on S	chedule D.	SUBTOTAL\$	\$2504.42	
E subtotals.)		\$	2504.42	
2. Unitemized payments made this period of under \$100				
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)				
	CMP FIL CMP must also be summarized on S E subtotals.)	CMP Design Artwork for Handouts	CMP Design Artwork for Handouts FIL Ballot Fee CMP Lawn Signs Subtotals.) Subtotals.) \$ Schedule B, Part 1, Column (e).) \$ Schedule B, Part 1, Column (e).) \$	

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

VOT voter registration

TSF transfer between committees of the same candidate/sponsor

Schedule F

SCHEDULE E (CON	IT.)	
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(Continuation Sheet) Payments Made	and the second of the second o	Statement covers period from January 1, 2015	california 460		
SEE INSTRUCTIONS ON REVERSE		through January 17, 2015	Page 6 of 6		
NAME OF FILER			I.D. NUMBER		
Friends of Sonia T. Rodriguez for Council 2015			1373879		
CODES: If one of the following codes accurately desc	cribes the payment you may enter the code	Otherwise describe the navment			

Therias of Sonia 1. Roungaez for Council 2015						13/38/	9
CODES: If one of the following codes accurately describes MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* legal defense T campaign literature and mailings	member com meetings and office expen petition circu phone banks polling and s postage, deli	munications d appearance uses lating s survey resear ivery and me	s	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and prod candidate travel, lodging, as staff/spouse travel, lodging, a transfer between committees voter registration	uction costs I meals and meals s of the sar	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
National Pen 12121 Scripps Summit Drive, \$200 San Diego, CA 92131		СМР	Personalize	ed Pens			\$465.42
		1	I				

National Pen 12121 Scripps Summit Drive, \$200 San Diego, CA 92131	CMP	Personalized Pens	\$465.42

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

SUBTOTAL \$

465.42