Recipient Committee				COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			RECEIVED	CALIFORNIA 460 FORM
(5515)1111011(5535 5551515 51255 51215.5)	Statement covers period	Date of election if applicable	18 OCT 25 PM 5: 2	4 Page 1 of /C
	from09/23/2018	(Month, Day, Year)	<u></u>	For Official Mag Only
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 09/23/2018  through 10/20/2018    Committee	TY OF WEST COVER TY GLERK'S OFFICE		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		- K
<ul> <li>☒ Officeholder, Candidate Controlled Committee</li> <li>☐ State Candidate Election Committee</li> <li>☐ Recall</li> <li>(Also Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 T	t Spe Suj Permination) Sta	arterly Statement ecial Odd-Year Report pplemental Preelection tement - Attach Form 495
3. Committee Information		Treasurer(s)	<del>1</del>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
Hernandez for City Council 2018		David Gould		
		MAILING ADDRESS		***************************************
STREET ADDRESS (NO P.O. BOX)				CODE AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/BHONE			0802
			11 TO THE TOTAL OF	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C				
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
			· · · · · · · · · · · · · · · · · · ·	0802
OPTIONAL: FAX / E-MAIL ADDRESS	•	OPTIONAL: FAX / E-MAIL ADD	RESS	
4. Verification				
	wing this statemen		e attached sched	dules is true and complete. I certify
under penalty of perjury under the laws of the State of California				,
10/24/2018				
Executed on				-
Date			isible Officer of Sponso	or
Executed on			onent	
Exported on	B <sub>V</sub>			
Executed on	ъу	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

	COVERF	AGE	- PART 2
CALIF FC	ORNIA RM	4	60
Page	2	of _	10

ger Hernandez  FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  ty Council Member: City of West Covina District 2  SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		BALLOT NO. OR LETTER			
ty Council Member: City of West Covina District 2		BALLOT NO. OR LETTER			
			JURISDICTION		SUPPORT
SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP					OPPOSE
West Coming CP 01700		Identify the controlling of	iceholder, candidate, or	state measure	proponent, if an
West Covina CA 91790		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PROPONENT		
elated Committees Not Included in this Statement: List any committees it included in this statement that are controlled by you or are primarily formed to receive intributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO. I	IF ANY
MMITTEE NAME I.D. NUMBER					
ernandez for Superintendent of Public 1406593 struction 2022	7	. Primarily Formed Can	didata/Officabaldar /	Committee !	int names of
ME OF TREASURER CONTROLLED COMMITTEE?	1.	officeholder(s) or candidate(s	s) for which this committee	is primarily form	st names or red.
vid Gould X YES NO					
MMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
TY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	OUGHT OR HELD	- CLIPPOST
ong Beach CA 90802		•			SUPPORT DPPOSE
OMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
ME OF TREASURER CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	•				
TY STATE ZIP CODE AREA CODE/PHONE					

## **Campaign Disclosure Statement** Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/23/2018 from .

Page \_\_\_\_3 \_\_\_ of \_\_\_\_10 10/20/2018 through ...

I.D. NUMBER

**SUMMARY PAGE** 

Hernandez for City Council 2018						1408736
Contributions Received	(	COIUMN A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		COlumn B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	30,000.00		hrough 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	30,000.00	20. Contributions  Received \$	<u> </u>
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	30,000.00	Made \$	\$
Expenditures Made						Summary for State
6. Payments Made Schedule E, Line 4	\$	5,696.23	\$	12,299.86	Candidates	
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,696.23	\$	12,299.86		o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		10,507.88		10,507.88	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	16,204.11	\$	22,807.74		\$
Current Cash Statement					]	<u> </u>
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	23,396.37	То	calculate Column B, add		
13. Cash Receipts		0.00		nounts in Column A to the rresponding amounts	***************************************	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	reported in Column B.	may be different from amounts
15. Cash Payments		5,696.23		oort. Some amounts in slumn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	17,700.14	fig	ures that should be btracted from previous		
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is e first report being filed		الأنفاد والمراجع والمراجع والمراجع
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	r this calendar year, only rry over the amounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if by).		
18. Cash Equivalents	\$	0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	10,507.88				
			•		I .	FPPC Form 460 (Jan.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

								SCHEDULE E
Payments Made  Amounts may be rounded to whole dollars.  from  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Revnandez for City Council 2018  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, or contribution (explain nonmonetary)*  CTP campaign paraphernalia/misc.  MBR member communications RAD meetings and appearances RPD office expenses SAL contribution (explain nonmonetary)*  CTC contribution (explain nonmonetary)*  CTC condidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)*  FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)*  POL poling and survey research TRSC postage, delivery and messenger services TSF postage, delivery and messenger services TSF professional services (legal, accounting)  NAME AND ADDRESS OF PAYEE (FCOMMITTEE ALSOENTER ID. NUMBER)  Mailing Pros Inc.  Mailing Pros Inc.  Amounts may be rounded to whole dollars.  Through the code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describes the payment, you may enter the code. Otherwise, or code of the following codes accurately describe	Staten	ent covers period	CALIFO	RNIA 460				
Payments Made				,	from	09/23/2018	FOR	M 400
					through	10/20/2018	Page 4	of10
AND THE PROPERTY OF THE PROPER					unougn		I,D. NUME	
NAME OF FILER							1.5. 140416	
Hernandez for City Council 2018							1408736	5
CODES: If one of the following codes accurately describe	s the payment, yo	u may er	iter the cod	de. Otherwi	ise, descr	ibe the payment.		
						o airtime and producti	ion costs	
, , <b>.</b>			æs			rned contributions paign workers' salari	ec	
	•					or cable airtime and p		
	PHO phone banks	;			TRC can	didate travel, lodging,	and meals	
FND fundraising events						/spouse travel, lodgin		10.1.4.4
						sfer between committ er registration	tees of the sam	e candidate/sponsor
		services (i	gai, account	mg)		rmation technology co	osts (internet, e-	mail)
21. Campaign motatio and manage								
		CODE	OR	DESC	RIPTION OF	PAYMENT		AMOUNT PAID
Gould & Orellana, LLC		PRO						300.0
Mailing Pros Inc	MARKATINI III II	LIT						846.4
				****		MANAGEMENT		- Auto-Alliana
Ford Printing & Mailing Inc.		LIT						680.9
* Payments that are contributions or independent expenditures	must also be sumn	narized on	Schedule D	),			SUBTOTAL\$	1,827.4
Schedule E Summary								in Marking and a
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			**************		***************************************	<b>5</b> : <u></u>	5,520.08
Unitemized payments made this period of under \$100							· ·	
3. Total interest paid this period on loans. (Enter amount from								
4. Total payments made this period. (Add Lines 1, 2, and 3. 8	Enter here and on	the Summ	ary Page,	Column A, 1	Line 6.)		TOTAL \$	5,696.23

Schedule	Ē	
(Continua	tion	Sheet)
<b>Payments</b>	Mad	de

SCHEDULE E (CONT.)

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 09/23/2018	FORM TOU
SEE INSTRUCTIONS ON REVERSE		through10/20/2018	Page5 of10
IAME OF FILER			I.D. NUMBER
Hernandez for City Council 2018			1408736
SOREO If any of the fallowing and a commit	tally dansiles the second	Otherwise describe the newmon	

CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR men MTG mee OFC offic PET petit PHO pho POL polli POS post PRO prof	mber communications etings and appearance expenses lition circulating one banks ling and survey reseastage, delivery and metessional services (lent ads	es rch essenger services	RAD RFD SAL TEL TRC TRS	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the voter registration	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
Dayana Partida	**************************************	OFC .				99.02
			1			

Ford Printing & Mailing Inc.	LIT		646.83
Dayana Partida	OFC	·	107.47
Dayana Partida	OFC		86.13
Dayana Partida	OFC		235.40

SUBTOTAL \$ 1,174.85  $^{\star}$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULE E (CONT.)

Schedule	E
(Continuat	tion Sheet)
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

	00(1ED0EE E (001(1.)
Statement covers period	CALIFORNIA 460
from09/23/2018	FORM TOO
through 10/20/2018	Page 6 of 10
	1.D. NUMBER
	1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\*

CVC civic donations

candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)\*

LEG legal defense MBR member communications MTG meetings and appearances OFC office expenses petition circulating PET

phone banks PHO polling and survey research POL

POS postage, delivery and messenger services

professional services (legal, accounting)

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

MER information technology costs (internet e-mail)

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	ÓR	DESCRIPTION OF PAYMENT		AMOUNT PAID
AT&T Mobility	OFC				258.34
Ford Printing & Mailing Inc.	LIT				740.87
Ford Printing & Mailing Inc.	LIT				654.44
Dayana Partida	OFC			-	209.73
Ford Printing & Mailing Inc.	LIT				654.44
* Payments that are contributions or independent expenditures n	nust also be summarized on Schedule	<u>-</u> ∋ D.	Andrew An	SUBTOTAL \$	2,517.82

Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.			Statement cover	FΩ	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through 10/20/2	Page _	7 of 10	
NAME OF FILER				I.D. NUM	BER	
Viewsandan few City Council 2010				14087	26	
Hernandez for City Council 2018	46		hamila danariba Afa			
CODES: If one of the following codes accurately described compaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave Staff/spouse tra TSF transfer betwee VOT voter registration	d production costs outions ers' salaries ime and production costs I, lodging, and meals vel, lodging, and meals on committees of the sar	ne candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Mitchell Publishing	LIT	0.00	706.28	0.00	706.28	
Mitchell Publishing	LIT	0.00	706.28	0.00	706.28	
	LIT	0.00	1,078.58	0.00	1,078.58	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	2,491.14	0.00\$	2,491.14	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	accrued expenses under	\$100.)		RRED TOTALS \$ _	10,507.88	
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li></ol>	equie F, Column (c) subto payments on accrued exp	plais for payments on penses under \$100.)		.PAID TOTALS \$	0.00	
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here an	d		NET \$ <sub></sub>	10,507.88 lay be a negative number	

SCHEDULE F (CONT.)

Schedule F	
(Continuation Sheet)	
<b>Accrued Expenses (Unpaid Bil</b>	ls)

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 from \_\_\_\_09/23/2018
 Page \_\_8 \_\_\_of \_\_10

I.D. NUMBER 1408736

NAME OF FILER

Hernandez for City Council 2018

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
ND	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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mitchell Publishing	LIT	0.00	859.58	0.00	859.58
Mitchell Publishing	LIT	0.00	1,078.58	0.00	1,078.58
Mitchell Publishing	LIT	0.00	1,078.58	0.00	1,078.58
Hashtag Pinpoint	CNS	0.00	5,000.00	0.00	5,000.00
	SUBTOTALS	\$ 0.00	\$ 8,016.74	0.00	\$ 8,016.74

Schedule G				
Payments N	lade by an	<b>Agent or</b>	Independ	ent
Contractor	on Behalf	of This C	ommittee)	)

Amounts may be rounded to whole dollars.

POS postage, delivery and messenger services

professional services (legal, accounting)

Statement covers period	CALIFORNIA ACO
from09/23/2018	FORM 400

SCHEDULE G

Page 9 of 10

I.D. NUMBER

1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ford Printing & Mailing Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRT

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain parameters)\*

CTB contribution (explain nonmonetary)\*
CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances
OFC office expenses

NAD fault airtime and production of the fault airtime airtim

PET petition circulating
PHO phone banks
POL polling and survey research
PET petition circulating
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

through \_\_10/20/2018

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Post Master	POS		375.00
J.S. Post Master	POS		358.55
J.S. Post Master	POS		358.59
U.S. Post Master	POS		520.8
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 1,613.0

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDULE G	
State	ement covers period	nt covers period CALIFORNIA 460	
from09/23/2018	FORM 40U		
through	10/20/2018	Page10of10	

I.D. NUMBER

1408736

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hernandez for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mailing Pros Inc

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

candidate filing/ballot fees

fundraising events FND

independent expenditure supporting/opposing others (explain)\* ND

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses

petition circulating PET

phone banks PHO

POL polling and survey research

POS postage, delivery and messenger services

professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
.S. Post Master	POS				540.7
			- Address		
			•		
	}				
				114,	

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

540.79

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.