

Recipient Committee Campaign Statement Cover Page

CALIFORNIA
FORM
460

Page 1 of 9

For Official Use Only

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CITY CLERK'S OFFICE

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from 1/1/19
through 6/30/19

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Off/holder, 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
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Off/holder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

West Covina Improvement Association

I.D. NUMBER

1344964

Treasurer(s)

NAME OF TREASURER

Shirley Buchanan

MAILING ADDRESS

[Redacted]

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

1406 St Malo Ave.

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

(626) 956-6964

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

216 S. Citrus Ave. #193

CITY

West Covina

STATE

CA

ZIP CODE

91791

AREA CODE/PHONE

(626) 858-0722

OPTIONAL: FAX / E-MAIL ADDRESS

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 true and correct.

Executed on July 24, 2019 Date

Executed on July 24, 2019 Date

Executed on _____ Date

Executed on _____ Date

By [Redacted]
Signature of Controlling Off/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Off/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Off/holder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/2019 through 6/30/2019

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
West Covina Improvement Association

I.D. NUMBER
1344964

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>625.48</u>	\$
2. Loans Received.....	Schedule B, Line 3 <u>0</u>	\$
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>625.48</u>	\$
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>0</u>	\$
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>625.48</u>	\$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Expenditures Made		
6. Payments Made.....	Schedule E, Line 4 \$ <u>493.61</u>	\$
7. Loans Made.....	Schedule H, Line 3 <u>0</u>	\$
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>493.61</u>	\$
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>0</u>	\$
10. Nonmonetary Adjustment.....	Schedule C, Line 3 <u>0</u>	\$
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>493.61</u>	\$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Current Cash Statement		
12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>542.67</u>	\$
13. Cash Receipts.....	Column A, Line 3 above \$ <u>625.48</u>	\$
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ <u>493.61</u>	\$
15. Cash Payments.....	Column A, Line 8 above \$ <u>674.54</u>	\$
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ <u>0</u>	\$
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents.....	See instructions on reverse \$ <u>0</u>	\$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ <u>0</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	\$	\$

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
	/ /	\$
	/ /	\$

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

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).

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

Statement covers period
from _____ through _____
Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Improvement Association

I.D. NUMBER

1344964

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)
<i>1/19/19</i>	<i>Phil KAUFMAN</i> [REDACTED] <i>West Covina, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>1/19/19</i>	<i>ANGIE GILLINGHAM</i> [REDACTED] <i>West Covina, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>1/19/19</i>	<i>PAMELA SALIDO</i> [REDACTED] <i>WEST COVINA, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>1/19/19</i>	<i>THERESA COZAD</i> [REDACTED] <i>West Covina, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>1/19/19</i>	<i>JACQUELINE SMITH</i> [REDACTED] <i>WEST COVINA, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
SUBTOTAL \$				<i>125.00</i>		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 625.48
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 625.48

*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**

Amounts may be rounded
to whole dollars.

NAME OF FILER <i>West Covina Improvement Association</i>		I.D. NUMBER <i>1344964</i>				
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)
<i>2/19/19</i>	<i>John + Cherie Korrad</i> [REDACTED] <i>West Covina, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>2/19/19</i>	<i>FORREST + MIRIAM TENNANT</i> [REDACTED] <i>West Covina, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>2/19/19</i>	<i>FRANK + SHARON CHAPMAN</i> [REDACTED] <i>WEST COVINA, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>2/19/19</i>	<i>JAMES TOMA + MANERVA AVILA</i> [REDACTED] <i>WEST COVINA, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>2/19/19</i>	<i>IRENE FIECK</i> [REDACTED] <i>WEST COVINA, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
SUBTOTAL \$				<i>125.00</i>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
West Covina Improvement Association

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)
2/19/19	SHIRLEY BUCHANAN [REDACTED] WEST COVINA, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
2/19/19	Phil MORENO [REDACTED] WEST COVINA, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
2/19/19	FORREST & LEANNE WILKINS [REDACTED] WEST COVINA, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
2/19/19	MAXIMILLIAN & PATRICIA BECKTOLD [REDACTED] WEST COVINA, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
2/19/19	PETER & RUTH LUND [REDACTED] WEST COVINA, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
				SUBTOTAL \$	125.00	

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)
CALIFORNIA
FORM 460

Statement covers period
from _____
through _____
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JAME OF FILER <i>West Covina Improvement Association</i>		I.D. NUMBER <i>1344964</i>				
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)
<i>3/19/19</i>	<i>GLORIA GANDARA</i> [REDACTED] <i>WEST COVINA, CA 91792</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>3/19/19</i>	<i>Phyllis McDONALD</i> [REDACTED] <i>WEST COVINA, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>3/19/19</i>	<i>COLLIS ROENEAKE</i> [REDACTED] <i>WEST COVINA, CA 91790</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>3/19/19</i>	<i>DANNY ROMAN</i> [REDACTED] <i>WEST COVINA, CA 91791</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
<i>5/15/19</i>	<i>ELSIE MESSMAN</i> [REDACTED] <i>WEST COVINA, CA 91792</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>25.00</i>		
SUBTOTAL \$				<i>125.00</i>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from _____ through _____

CALIFORNIA
FORM **460**

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NAME OF FILER: West Covina Improvement Association I.D. NUMBER: 1344964

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)
6/7/19	CAROLYN ARNDT [REDACTED] WEST COVINA, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.48		
6/17/19	ANGIE GILLINGHAM [REDACTED] WEST COVINA, CA 91791	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25.00		
		<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				
SUBTOTAL \$				125.48		

*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

Statement covers period from _____ through _____

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I.D. NUMBER 1344964

Amounts may be rounded to whole dollars.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Improvement Association

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
- 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
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO 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
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
SECRETARY OF STATE 1500 11th STREET, RM. 495 SACRAMENTO, CA 95814			ANNUAL Fee For 2019	50.00
24-HR MAILBOX RENTAL (6 MO) 216 S. CITRUS AVE, #193 West Covina, CA 91791			MAILBOX RENTAL	84.00
ARTHUR J. GALLAGHER & Co, INSURANCE BROKER INC. 18201 VON KARMAN AVE. IRVINE, CA 92612			SHORT TERM LIABILITY INSURANCE L.A. COUNTY LIBRARY SYSTEM FOR COMMUNITY MEETING ON JUNE 11, 2019 SPONSORED by WEST COVINA IMPROVEMENT ASSOC.	103.00
SUBTOTAL \$				237.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 493.61
2. Unitemized payments made this period of under \$100..... \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL \$ 493.61

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Improvement Association

I.D. NUMBER

1344964

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)

*Build-A-Sign
11525 A Stone Hollow Dr, Suite 100
Austin, Tx 78758*

*Angie Gillingham
[REDACTED]
West Covina, CA 91790*

*L.A. County Library, West Covina
1601 W. West Covina Pkwy,
West Covina, CA 91790*

*Build-A-Sticker
11525 A Stone Hollow Dr, Suite 100
Austin, Texas 78758*

DESCRIPTION OF PAYMENT

Bumper stickers

*Reimbursement for supplies for
New Members Lunches*

*Library Fee For A Community
Meeting on June 11, 2019 AT
Library.*

Reordered Bumper stickers

AMOUNT PAID

76.65

49.96

60.00

70.00

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

SUBTOTAL \$ *256.61*