

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

| | | |
|--|------------|---|
| BEV HILLS CITY CLERK 2022 MAY 27 PM 12:45 | Date Stamp | CALIFORNIA FORM 460 |
| | | Page <u>1</u> of <u>7</u> |
| | | For Official Use Only <i>Indexed 5/27/22</i> <i>(USA)</i> |

| | |
|---|---|
| Statement covers period from <u>01/01/2022</u> through <u>04/23/2022</u> | Date of election if applicable: (Month, Day, Year) <u>06/07/2022</u> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall (Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7) |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

REMOVE SCHEDULE G

3. Committee Information

I.D. NUMBER
1446668

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)
22815 VENTURA BLVD., #405

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LOS ANGELES | CA | 91364 | (415) 732-7700 |

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

150 POST STREET, SUITE 405

| | | | |
|---------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| SAN FRANCISCO | CA | 94108 | |

OPTIONAL: FAX / E-MAIL ADDRESS

CAMPAIGN@CAMPAIGNLAWYERS.COM

Treasurer(s)

NAME OF TREASURER

MATTHEW ALVAREZ

MAILING ADDRESS

22815 VENTURA BLVD., #405

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LOS ANGELES | CA | 91364 | (415) 732-7700 |

NAME OF ASSISTANT TREASURER, IF ANY

JONATHAN P. FISHER

MAILING ADDRESS

22815 VENTURA BLVD., #405

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LOS ANGELES | CA | 91364 | (415) 732-7700 |

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 5-26-22
Date

By *Matthew Alvarez*
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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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.*

| | | |
|---|---|--|
| NAME OF OFFICEHOLDER OR CANDIDATE ANDREW LICHT | OFFICE SOUGHT OR HELD City Council Member CITY OF BEVERLY | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|---|---|--|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 04/23/2022 | Page <u>3</u> of <u>7</u> |
| NAME OF FILER | | I.D. NUMBER |
| FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 | | 1446668 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 12,000.00 | \$ 12,000.00 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 12,000.00 | \$ 12,000.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 12,000.00 | \$ 12,000.00 |

**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 | Schedule E, Line 4 | \$ 5,126.20 | \$ 5,126.20 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 5,126.20 | \$ 5,126.20 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 2,283.14 | 2,283.14 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 7,409.34 | \$ 7,409.34 |

**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 | Previous Summary Page, Line 16 | \$ 0.00 |
| 13. Cash Receipts | Column A, Line 3 above | 12,000.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 5,126.20 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6,873.80 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0.00 |
|------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------|---------------------------------------|-------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 2,283.14 |

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 04/23/2022 | Page <u>4</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 | I.D. NUMBER 1446668 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 03/08/2022 | STEVEN DUNN [REDACTED] BEVERLY HILLS, CA 90210 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHIEF EXECUTIVE OFFICER MUNCHKIN, INC. | 500.00 | 500.00 | |
| 03/08/2022 | ROGER LICHT 9230 OLYMPIC BLVD., #203 BEVERLY HILLS, CA 90212 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ATTORNEY LICHT & LICHT | 500.00 | 500.00 | |
| 03/08/2022 | STEPHEN MASSMAN 361 NORTH CANYON DRIVE BEVERLY HILLS, CA 90210 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | OWNER CENTURY DEVELOPMENT CO | 5,000.00 | 5,000.00 | |
| 03/17/2022 | DEBORAH KLEIN [REDACTED] SANTA MONICA, CA 90402 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ATTORNEY SELF-EMPLOYED; SAME NAME | 1,000.00 | 1,000.00 | |
| 03/28/2022 | ASIF SATCHU [REDACTED] BEVERLY HILLS, CA 90210 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHIEF EXECUTIVE OFFICER MRC ENTERTAINMENT | 5,000.00 | 5,000.00 | |
| SUBTOTAL \$ | | | | 12,000.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,000.00

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 04/23/2022 | Page 5 of 7 |
| NAME OF FILER | | I.D. NUMBER |
| FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 | | 1446668 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022

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 |
|---|---------|------------------------|-------------|
| EDUCATE YOUR VOTE (ID# 1345655) 16633 VENTURA BLVD, SUITE 1008 ENCINO, CA 91436 | | SLATE MAILER | 573.00 |
| VOTER NEWSLETTER (ID# 1355767) 15021 VENTURA BLVD., #530 SHERMAN OAKS, CA 91403 | | SLATE MAILER | 730.00 |
| LANDSLIDE COMMUNICATIONS 30011 IVY GLENN DRIVE, SUITE 223 LAGUNA NIGUEL, CA 92677 | | SLATE MAILER | 2,378.00 |

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

SUBTOTAL \$ 3,681.00

Schedule E Summary

| | | |
|--|-----------------|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 5,060.70 |
| 2. Unitemized payments made this period of under \$100 | \$ | 65.50 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 5,126.20 |

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 04/23/2022 | Page 6 of 7 |
| NAME OF FILER | | I.D. NUMBER |
| FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 | | 1446668 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| CALIFORNIANS FOR QUALITY EDUCATION (ID# 1371954) 728 W. EDNA PLACE COVINA, CA 91722 | | | SLATE MAILER | 100.00 |
| CITIZENS FOR GOOD GOVERNMENT (ID# 599010) 728 W. EDNA PLACE COVINA, CA 91722 | | | SLATE MAILER | 115.00 |
| DEMOCRATIC VOTERS CHOICE (ID# 595002) 728 W. EDNA PLACE COVINA, CA 91722 | | | SLATE MAILER | 342.70 |
| CAL - SAL SENIOR VOTING GUIDE 455 CAPITOL MALL, SUITE 600 SACRAMENTO, CA 95814 | | | SLATE MAILER | 506.00 |
| FAMILIES FIRST EDUCATION VOTER GUIDE (ID# 1386464) 12501 IMPERIAL HIGHWAY, SUITE 200 NORWALK, CA 90802 | | | SLATE MAILER | 316.00 |

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

SUBTOTAL \$ 1,379.70

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2022 | |
| through | 04/23/2022 | Page 7 of 7 |
| NAME OF FILER | | I.D. NUMBER |
| FRIENDS OF ANDY LICHT FOR BEVERLY HILLS CITY COUNCIL 2022 | | 1446668 |

SEE INSTRUCTIONS ON REVERSE

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 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 |
|---|--|---|---------------------------------------|---|--|
| THE SUTTON LAW FIRM 150 POST STREET, SUITE 450 SAN FRANCISCO, CA 94108 | PRO MATTHEW ALVAREZ, COMMITTEE TREASURER, IS EMPLOYEE OF PAYEE | 0.00 | 1,980.25 | 0.00 | 1,980.25 |
| THE SUTTON LAW FIRM 150 POST STREET, SUITE 450 SAN FRANCISCO, CA 94108 | PRO MATTHEW ALVAREZ, COMMITTEE TREASURER, IS EMPLOYEE OF PAYEE | 0.00 | 302.89 | 0.00 | 302.89 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ | | 0.00\$ | 2,283.14\$ |
| | | | | 0.00\$ | 2,283.14 |

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 2,283.14
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,283.14
May be a negative number