Recipient Committee Date Stamp CALIFORNIA Campaign Statement CITY CLERK'S FORM **Cover Page** Page 1 Statement covers period Date of election if applicable: (Month, Day, Year) JUL 122 from 1/1/2022 For Official Use Only through 6/30/2022 CITY OF LOS ALTOS SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) ✓ General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1408277 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Los Altos Community Voices Robert Curtis Cole MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE STATE AREA CODE/PHONE CA Los Altos 94022 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Los Altos CA 94022 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE 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 tr Executed on Signature of Treasurer or Assistant Treasurer Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on ...

Executed on -

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	NIA 460
Page 2	of_7

Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Commi				Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AM	ND STREET) CITY STATE ZIP		Identify the controlling office	holder, candi	date, or state r	neasure propo	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
	d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
		_	The territory and the control of the control of		. b . Iday Car		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	for which this	committee is p	mmittee List primarily formed	names of
	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	for which this	committee is p	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	YES NO	7.	officeholder(s) or candidate(s)	for which this	OFFICE SOU	orimarily formed	□ SUPPORT
COMMITTEE ADDRESS STREET ADD	PESS (NO P.O. BOX)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA ACO
from 1/1/2022	FORM 460
through 6/30/2022	Page 3 of 7

SEE INSTRUCTIONS ON REVERSE					through _	6/30/2022	Page 3 of 1
NAME OF FILER							I.D. NUMBER
Los Altos Community Voices							1408277
Contributions Received	(Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDARY TOTAL TO D	/EAR	Running in Both th	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	5,498.00	\$	5,498.00		General Elections	nrough 6/30 7/1 to Date
Loans Received	\$	5,498.00	8	5,498.00		20. Contributions Received \$	2
4. Nonmonetary Contributions	Ψ	24.00	Ų			21. Expenditures	Φ
5. TOTAL CONTRIBUTIONS RECEIVED	\$	5,522.00	\$	5,522.00		Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	2,024.50	\$	2.024.50		Candidates	
7. Loans Made		2.024.50		2.024.50		22. Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2.024.50	\$	2,024.50		(If Subject to	Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)				-		Date of Election	Total to Date
10. Nonmonetary Adjustment		0.004.50		0.004.50		(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	2,024.50	\$	2,024.50		//	\$
Current Cash Statement			Π				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		To	calculate Colu	mn B,		
13. Cash Receipts Column A, Line 3 above		5,498.00		dd amounts in C to the correspo		toto-in this section	mou he different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	aı	mounts from Co	lumn B	reported in Column B.	may be different from amounts
15. Cash Payments Column A, Line 8 above		2.024.50		fyour last repor mounts in Colur			
16. ENDING CASH BALANCE	\$	4900.84		e negative figure			
If this is a termination statement, Line 16 must be zero.			pı	nould be subtra revious period a is is the first rep	mounts. If	1	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		fil	ed for this caler nly carry over th	ndar year, ne amounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, a ny).	and 9 (if	1	
18. Cash Equivalents See instructions on reverse	\$		1				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		1			EDDC Advisor ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772
			1			FPPC Advice: ad	www.fppc.ca.go

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period CALIFORNIA from 1/1/2022 **FORM** through 6/30/2022 Page 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1408277

Los Allos Community Voices								
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
2/21/2022	Robert Curtis Cole Los Altos CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	software, retired	\$1,000	\$1,000			
2/2/2022	Marie Young Los Altos CA 94022	☑IND □COM □OTH □PTY □SCC	retired	\$500	\$500			
2/4/2022	William Sheppard Los Altos 94024	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Development, SoundHound	\$500	\$500			
2/5/2022	Robin Abrams Los Altos 94022	COM OTH PTY SCC	lawyer, retired	\$1,000	\$1,000			
2/6/2022	Kim Cranston Los Altos Hills 94022	✓ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	lawyer, retired	\$1,000	\$1,000			
======			SUBTOTAL	\$ 4,000	H BENIEW			
1. Amount re	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) *Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)							

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period.

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 1/1/2022

NAME OF FILER				through 6/30/202	22	Page _	
	ommunity Voices					14082	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
2/7/2022	Cathy Lazarus Los Altos CA 94024	☑IND □COM □OTH □PTY □SCC	publid administration, retired	\$1,000	\$1,000		
6/18/2022	Connie Miller Los Altos, CA 94022	OTH PTY SCC	realtor, self-employed	\$300	\$300		
		OTH PTY					
		OTH PTY SCC					
		OTH PTY SCC	Q.				
			SUBTOTAL	\$ 1,300			

*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

Schedu Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p	eriod	CALIFO	
					fron	1/1/2022		FOF	RM - C
					thro	ough 6/30/2022		Page 6	of
NAME OF FILE	TIONS ON REVERSE ER							I.D. NUME	
Los Altos	Community Voices							140827	77
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/17/20 22	William Sheppard Los Altos 94024	✓ IND COM OTH PTY SCC	business development, SoundHound	Domain registration: \$12	2 *	\$24.00	\$24.00		
		OTH SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		OTH SCC							
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL	\$ 24.00	9, 7		
1. Amount	e C Summary received this period – itemized nonmoneta	ry contribution	ns.		\$	24.00	IND		

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016))

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

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PTY - Political Party

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Sc	he	dule	E	
Pa	ym	ents	Ma	de

Statement covers period from	CALIFORNIA 460
through_6/30/2022	Page of
	I.D. NUMBER
	4.400077

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement co	overs period CALIFOR FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>6/30/</u>	2022 Page 7	of
NAME OF FILER			I.D. NUMBER	Ži.
Los Altos Community Voices			1408277	
CODES: If one of the following codes accurately	describes the payment, you may enter the code.	Otherwise, describe t	the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RFD returned co SAL campaign v	ne and production costs ontributions workers' salaries e airtime and production costs	

PHO phone banks
POL polling and survey research TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals candidate filing/ballot fees FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	CODE OR DESCRIPTION OF PAYMENT	
CA Secretary of State, Sacramento CA	FIL	Sec of State FPPC Annual Fee for 2022 check # 1001	\$50.00
Los Altos Town Crier 138 Main Street Los Altos CA 94022	PRT	Town Crier Ad - Pulse Q1 1/2 page color	\$932.00
Los Altos Town Crier 138 Main Street Los Altos CA 94022	PRT	Town Crier Ad - Pulse Q2 1/2 page color	\$1,042.50

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

SUBTOTAL \$ 2,024.50

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)\$	
2.	. Unitemized payments made this period of under \$100\$	
	. 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.)	2,024.50

2.024.50

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CALIFORNIA 460

Date Stamp

Recipient Committee Campaign Statement Cover Page

over Page			TTY CLERK'S	Page of 4
	Statement covers period from 7/1/2022	Date of election if applicable: (Month, Day, Year)	SEP 2 8 20	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through 9/24/2022	11/8/2022	CITY OF LOS	AITOS
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Niso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Niso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t	Quarterly Statement Special Odd-Year Report
Committee Information	D. NUMBER 408277	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	100277	NAME OF TREASURER	6.	
Los Altos Community Voices		Robert Curtis Cole		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE Z	ZIP CODE AREA CODE/PHONE
		Los Altos		94022
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Los Altos CA 94022		MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	^	MAILING ADDICEGO		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
 Verification I have used all reasonable diligence in preparing and review 	ing this statement and to the best of my k	nowledge the information containe	d herein and in the attache	d 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			
Executed on 26 Sept 2022	ву	Signature of Treasurer or Assista	nt Treasurer	
Executed on	BySignature of Contro	illing Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of	Sponsor
Executed on	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate	, State Measure Proponent	
Executed on	Bysi	gnature of Controlling Officeholder, Candidate	, State Measure Proponent	
			FPPC Advice	FPPC Form 460 (Jan/2016)) a: advice@fppc.ca.gov (866/275-3772)

CALIFORNIA 460

Page 2

Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OF HELD (INCLUDE LOCATION AND DOC				_			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	·		BALLOT NO. OR LETTER	JURISDICTI	ION	☐ SUPPORT ☐ OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		Identify the controlling office	holder, candi	idate, or state measure	proponent, if any.	
X			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR I	PROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER		9				
		7	Drimorily Formed Cond		-1-110 ""		
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO	7.	Primarily Formed Candi officeholder(s) or candidate(s) i	for which this	committee is primarily fo	List names of ormed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE	
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H		
COMMITTEE NAME	I,D. NUMBER					☐ OPPOSE	
NAME OF TREASURER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE	
33,321 12 13 (NOT.O. D	<i></i>					- OTTOBE	
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	h continuatio	on sheets if necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2022 CALIFORNIA FORM 460

through 9/24/2022 Page 3 of 4

I.D. NUMBER

NAME OF FILER Los Altos Community Voices			1408277
Contributions Received 1. Monetary Contributions	## Column A	## Column B	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	\$ <u>0</u> \$ <u>0</u> \$ <u>0</u>	\$\frac{2,024.50}{0}\$ \$\frac{2,024.50}{0}\$ \$\frac{0}{2,024.50}\$ \$\frac{0}{2,024.50}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 4,900.84 646.00 0 0 5,546.84	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amou to	nts may be rounded o whole dollars.	Statement confrom 7/1/2022	vers period	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through 9/24/2022	<u> </u>	Page 1	4 of 4	
Los Altos co	ommunity Voices					I.D. NUI 140827	MBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED	
9/24/2022	Laura Teksler Los Altos CA 94022	☑ IND □ COM □ OTH □ PTY □ SCC	retired/homemaker, none	\$250.00	\$250.00		(ii NEGONE)	<u></u>
		□IND □COM □OTH □PTY □SCC	5					
		□IND □COM □OTH □PTY □SCC					Ā	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL \$	250.00		Tro-		Ti-
1. Amount rec	A Summary seived this period – itemized monetary contributions Schedule A subtotals.)		\$ <u>25</u> 0	0.00	IND - I COM -		des at Committee an PTY or SCC)	
3. Total monet	eived this period – unitemized monetary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col		2002-000 (0000 deleneration del		OTH - PTY -	Other (e. Political F Small Co	g., business entity	ее

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

			Date of 9/2	27/2022	Date Stamp	CALIFO		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			1 .	CI	TY CLERK'S OFF	FOR	W -101	
		1408277		Report No. 1		T GEET IN CO OT I	For C	Official Use Only
STREET ADDRESS				Amendment to Report No.		SEP 2 8 2022		
CITY		STATE	ZIP CODE	(explain below)	1 (ITY OF LOS ALT	os	
Los Altos		CA	94022	No. of Pages .		ITT OF LOOPING		
1. Contribution(s	s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBU NTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMF (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
	Mary Procnow			☑ IND	real-estate		1,000	
9/27/2022				COM	Procnow Realtors			
	Los Altos CA 94022	2			OTH PTY			Check if Loan
					□ scc			Provide interest rate
3	Penny Lave				☑ IND	Retired		1,000
9/27/2022	Los Altos CA 94022)			OTH			☐ Check if Loan
	LUS AIIUS CA 94022	-			☐ PTY			%
					□ scc			Provide interest rate
	King Lear				☑ IND	Engineer Retired		1,000
9/27/2022	Los Altos CA 94022	2			OTH	Hethed		☐ Check if Loan
					scc			Provide interest rate
,								
Reason for Amendo	nent:					* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ness entity)	
						500 - Smail Contributor	Committee	<u> </u>
							FPPC	Form 497 (Feb/2019)
1	1							

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Recipient Committee Campaign Statement		CITY CLERK'S OF TO	S MIFOS	CALIFORNIA 460
Cover Page			Now!	Page of
	Statement covers period	Date of election if applicable:	مر در	For Official Use Only
	from 9/25/2022	(Month, Day, Year)		For Official Ose Offiny
	from	CITY OF LYE	5 9000	
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/8//2022	3	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	EMBER 1.197	
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		arterly Statement ecial Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		14	
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT	ITEE)	NAME OF TREASURER		
Los Altos Community Voices		Robert Curtis Cole		
LOS AILOS COMMINANTY VOICES		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
STREET ADDRESS (NO F.O. BOX)		Los Altos	CA 94	022
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
CITY				
LOS ÁITOS CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P	94022 20 BOX	MAILING ADDRESS		
460 Van Buren St CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				to the interest and complete. I
I have used all reasonable diligence in preparing and r	reviewing this statement and to the best of m	ny knowledge the information contained herein an	d in the attached	schedules is true and complete.
certify under penalty of perjury under the laws of the S	tate of California that the foregoing is true a	nd		
Executed on 10/w/wzL	Ву	Signature of Treasurer or Assistant Treasurer		
Executed on	By — Signature of C	ontrolling Officeholder, Candidate, State Measure Proponent or Re	esponsible Officer of Sp	ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent	

Executed on __

Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

COVER PAGE

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

Page 2 of 7

Officeholder or Candidate Controlled Committee	6	. Primarily Formed Ballot	Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
				COE.	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLIC	ABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	ZIP	Identify the second	L		
·		Identify the controlling officer			ponent, if any.
	 §	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this Statement: List any con	nmittees				
not included in this statement that are controlled by you or are primarily formed to contributions or make expenditures on behalf of your candidacy.	receive	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME I.D. NUMBER	-				
NAME OF TREASURER	7	Drimarily Formed Cond!	-l-4-10m I		
NAME OF TREASURER CONTROLLED COMMIT	ITEE?	Primarily Formed Candio officeholder(s) or candidate(s) for	date/Officeh or which this co	nolder Committee L	ist names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOY)				20 200	
		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
CITY STATE ZIP CODE AREA COD	E/PHONE	NAME OF OFFICE HOLDER OR O			☐ OPPOSE
		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME I.D. NUMBER					OPPOSE
I.D. NOWIBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE (OFFICE SOUGHT OR HELD	
				ON THE COURT ON THE LE	☐ SUPPORT
NAME OF TREASURER CONTROLLED COMMIT	TEE?				☐ OPPOSE
☐ YES ☐ NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			DORCUFUR	11/00	☐ OPPOSE
CITY STATE ZIDOODS		/3	5/19		
STATE ZIP CODE AREA COD	E/PHONE	Attach	continuation	sheets if necessary	
			VELOP:	in necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

ouninary rage				fro	State om <u>9/25</u>	ment covers period /2022	FORM 460		
SEE INSTRUCTIONS ON REVERSE				thr	rough _	10/22/2022	Page 3 of 7		
Los Altos Community Voices				l			I.D. NUMBER 1408277		
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		Calendar Year Sur Running in Both to	nmary for Candidates he State Primary and		
Monetary Contributions	\$	4,996.00	- \$	11,140.00	_	General Elections 1/1 through 6/30 7/1 to			
SUBTOTAL CASH CONTRIBUTIONS		4,996.00	\$	11,140.00		20. Contributions Received \$ 21. Expenditures	\$		
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	4,996.00	\$	11,140.00			\$		
Expenditures Made 6. Payments Made		9.623.93		11 040 40	\neg	Expenditure Limit	Summary for State		
7. Loans Made Schedule H, Line 3			\$	11,648.43	_	Candidates			
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$	9.623.93	\$	11,648.43	-	(If Subject to	ive Expenditures Made* o Voluntary Expenditure Limit)		
10. Nonmonetary Adjustment	\$	9.623.93	\$	11,648.43	_	Date of Election (mm/dd/yy)	Total to Date		
Current Cash Statement					-	, ,			
12. Beginning Cash Balance	\$	5,546.84 4,996.00	ad At	calculate Column B, id amounts in Column to the corresponding		*Amounts in this section i	may be different from amounts		
5. Cash Payments		9.623.93	of	nounts from Column B your last report. Some	ie	reported in Column B.			
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$	918.91	be she pre	nounts in Column A ma negative figures that ould be subtracted from evious period amounts	om s. If				
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file	s is the first report beired for this calendar year	ar,				
Pash Equivalents and Outstanding Debts 8. Cash Equivalents	\$		froi	ly carry over the amou m Lines 2, 7, and 9 (if y).	unts				
Add Line 2 + Line 9 in Column B above	\$					FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars. SCHEDULE A

Statement covers period from 9/25/2022	california 460				
through 10/22/2022	Page 4 of 7				
	I.D. NUMBER				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Altos Community Vioces

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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2022	Arthur Carmichael Los Altos CA 94024	☑IND □COM □OTH □PTY □SCC	Retired	1,000	1,000	
9/27/2022	Penny Lave Los Altos 94022	IND COM OTH PTY SCC	Retired	1,000	1,000	
9/27/2022	Marge Bruno Los Altos CA 94022	☑IND □COM □OTH □PTY □SCC	Retired	350	350	
9/27/2022	Mary Procnow Los Altos CA 94022	☑IND □COM □OTH □PTY □SCC	Real-estate Procnow realtors	750	750	
9/27/2022	King Lear Los Altos CA 94022	☑ IND □ COM □ OTH □ PTY □ SCC	Retired Engineer	1,000	1,000	
			SUBTOTAL	\$4 100.00		

Schedule A Summary

- 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

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from 9/25/2022	CALIFORNIA 460
through 10/22/2022	Page of
	I.D. NUMBER

1408277

NAME	OF	FILE	ER		
			0	 	1/60

Los Altos Community Vioces

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2022	Dave Reeder LA 94022	☑ IND □ COM □ OTH □ PTY □ SCC	500	500		
		□ IND □ COM □ OTH □ PTY □ SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC	*			
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 500		

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Amounts may be rounded to whole dollars. EE INSTRUCTIONS ON REVERSE AME OF FILER Los Altos Community Voices			d	Statement covers period from 9/25/2022 through 10/22/2022	CALIFORNIA 460 FORM Page 6 of 7 I.D. NUMBER
CODES: If one of the following codes accurate compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (elegal defense LIT campaign literature and mailings	MTG meetings a OFC office expe PET petition circ PHO phone ban	ommunication and appearance enses culating ks survey resea	essenger service	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging	luction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYI (IF COMMITTEE, ALSO ENTER I.D. NUMI		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Altos Town Crier Los Altos CA 94022		PRT	10/6/2022 two weeks	s of 1/2 page color political ad	2,085.00
Palo Alto, Ca 94301		PRT	10/19/202 Two days	2 of 1/2 page political ad	1,260.00
AID Mailing Vitn View CA 94043		LIT	10/12/202 Printing ar	2 nd mailing of political card	5,956.89
Payments that are contributions or independent expenditures	must also be summarized on Sche	edule D.		SUE	BTOTAL \$ 9,301.89

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	0.600.00
	and period. (Include all Scriedule E subtotals.)	9,623.93
2.	. Unitemized payments made this period of under \$100	,
	T	j

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$_

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may be to whole dol			CALIFO	CALIFORNIA 460 FORM Page 7 of 7		
NAME OF FILER					I.D. NUM 140827	BER	
Los Altos Community Voices					TTOOL		
CODES: If one of the following codes accurately describe	es the payment, yo	ou may ent	er the code. Other	erwise, describe the payme	ent.		
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 common meetings and office expension petition circulty phone banks polling and suppose postage, deling professional suppose print ads	appearances es ating urvey research very and mess	enger services	RAD radio airtime and product returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodg transfer between communiform voter registration WEB	ries production costs g, and meals jing, and meals ittees of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE 0	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
Political Data Intelligence,		POS	Voter addresse	S		322.04	
Long Beach CA 90806						1	
	-						
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.			SUBTOTAL		
					FPPC	Form 460 (Jan/2016	

					COVER PAGE
Recipient Committee Campaign Statement Cover Page		CIT	Y CLERK'S	FURI	
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	JAN 04 2023 TY OF LOS A	For Of	of 3 ficial Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2022	110 2022			
1. Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			×.
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt	Quarterly Statemen Special Odd-Year F	
3 Committee Information	D. NUMBER 408277	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Los Altos Community Voices		NAME OF TREASURER Robert C Cole MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
460 Van Buren St		Los Altos	CA	94022	
CITY STATE ZIP CO Los Altos CA 9402:	2	NAME OF ASSISTANT TREASU	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	Х	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	f California that the foregoing is true and	Correct. Signature of Treasurer or Assista	ant Treasurer		and complete. I
Executed on	/ 70 € 1777 P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	olling Officeholder, Candidate, State Measure	Proponent or Responsible Officer	of Sponsor	
Executed on	By	ignature of Controlling Officeholder, Candidate	e, State Measure Proponent		

Date

Date

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER LOS Altos Community Voices Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE General Elections	ntes nd
Los Altos Community Voices Contributions Received Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Loans Received. Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 3 + 4 Nonmonetary Contributions. Schedule C, Line 3 STOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Solutions Add Lines 4 + 5 Solutions Add Lines 4 + 5 Solutions Add Lines 6 + 7 Solutions Add Lines 7 + 8 Add Lines 8 + 7 Solutions	nd Date
TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 1. Monetary Contributions Schedule A, Line 3 Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Schedule C, Line 3 Substance B, Li	nd Date
1. Monetary Contributions Schedule A, Line 3 \$ 0 \$ \$ \$11,140.00 \$ 1/1 through 6/30 7/1 to 2. Loans Received Schedule B, Line 3 \$ 0 \$ \$ \$11,140.00 \$ 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$ 21. Expenditures Made \$ \$ 21. Expenditures Made \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
3. SUBTOTAL CASH CONTRIBUTIONS	
4. Nonmonetary Contributions	
4. Nonmonetary Contributions	
5. TOTAL CONTRIBUTIONS RECEIVED	
6. Payments Made	
7. Loans Made	
7. Loans Made)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 One of Election Schedule C, Line 3 One of Election (mm/dd/yy)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to 10. Nonmonetary Adjustment Schedule C, Line 3 (mm/dd/yy)	*
10. Nonmonetary Adjustment	
11. TOTAL EXPENDITURES MADE	Date
\$\$	
Current Cash Statement	
12. Beginning Cash Balance	
13. Cash Receipts	
14. Miscellaneous Increases to Cash	ounts
5. Cash Payments	
6. ENDING CASH BALANCE	
If this is a termination statement, Line 16 must be zero. should be subtracted from previous period amounts. If	
7. LOAN GUARANTEES RECEIVED	
Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if	
8. Cash Equivalents	
9. Outstanding Debts	an/2016\\

S	che	dul	eЕ		
Ρ	ayr	nent	ts I	Vlad	e

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 10/23/2022	CALIFORNIA 460
through 12/31/2022	Page 3 of 3
<u>V</u>	I.D. NUMBER

Payments Made				fror	n	FU	RIVI	
SEE INSTRUCTIONS ON REVERSE				thre	ough 12/31/2022	Page _		of <u>3</u>
NAME OF FILER						I.D. NUN		
Los Altos Community Voices						14082	277	
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* IND legal defense LIT campaign literature and mailings MBR member cor meetings an office expen petition circulation circulation in the properties of the payment, y MBR member cor meetings an office expen petition circulation circulation in the payment, y MBR member cor meetings an office expen petition circulation circulation in the payment, y MBR member cor meetings an office expen petition circulation circulation in the payment, y MBR member cor meetings an office expen petition circulation circulation in the payment, y MBR member cor meetings an office expen petition circulation circulation circulation in the payment, y MBR member cor meetings an office expen petition circulation	munication d appearan ses lating survey reses ivery and m	s ces arch		RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, at staff/spouse travel, lodging,	duction cost nd meals and meals es of the san	ne cand	idate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	R DES	SCRIPTI	ON OF PAYMENT		A	MOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Sci	nedule D.				S	UBTOTAL	. \$ ⁰	
Schedule E Summary							0	
1. Itemized payments made this period. (Include all Schedule E subtotals.)						\$ _	50	
Unitemized payments made this period of under \$100							0	
Total interest paid this period on loans. (Enter amount from Schedule B, Page 1997)	art 1, Col	ımı	n (e).)		os) T	\$ _	50	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and o	n the Sur	nm	ary Page, Column	ı A, Lin	e o.)	OIAL #		

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