

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp RECEIVED NOV 12 2004 | CALIFORNIA 460 2001/02 FORM |
| | Page <u>1</u> of <u>9</u> |
| | For Official Use Only <i>POSTMARKED 1-31-05</i> |

| | |
|---|--|
| Statement covers period from <u>7/1/04</u> through <u>12/31/04</u> | Date of election if applicable: (Month, Day, Year) <u>11/2/04</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 <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee <input type="radio"/> Primarily Formed <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1248891

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

Taxpayers for a Better Dana Point

STREET ADDRESS (NO P.O. BOX)

24843 Del Prado Ste. 236

CITY STATE ZIP CODE AREA CODE/PHONE

Dana Point CA 92629

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Mike Winterhalter

MAILING ADDRESS

234 Monarch Bay

CITY STATE ZIP CODE AREA CODE/PHONE

Dana Point CA 92629

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/28/05
Date

By *Mike Winterhalter*
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | | |
|-------------------------|--------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/04 | |
| through | | Page <u>2</u> of <u>9</u> |
| | | I.D. NUMBER 1248891 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Taxpayers for a Better Dana Point

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 36,600.00 | \$ 36,600.00 |
| 2. Loans Received Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 36,600.00 | \$ 36,600.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 36,600.00 | \$ 36,600.00 |

**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 | Column B |
|---|--------------|--------------|
| 6. Payments Made Schedule E, Line 4 | \$ 36,942.67 | \$ 37,026.67 |
| 7. Loans Made Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 36,942.67 | \$ 37,026.67 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 36,942.67 | \$ 37,026.67 |

**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 | \$ 620.62 |
| 13. Cash Receipts Column A, Line 3 above | 36,600.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0 |
| 15. Cash Payments Column A, Line 8 above | 36,942.67 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 277.95 |

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

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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/04</u> | CALIFORNIA FORM 460 |
| through <u>12/31/04</u> | |
| Page <u>3</u> of <u>4</u> | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER Taxpayers for a Better Dana Point | I.D. NUMBER 1248891 |
|---|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/6/04 | Dana Point Investors LLC 33395 Camino Capistrano San Juan Capistrano CA 92675 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 10,000.00 | 10,000.00 | |
| 9/15/-10/26 | Headlands Reserve LLC 24849 Del Prado Dana Point CA 92629 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,600.00 | 16,600.00 | |
| 9/15/04 | Makallon Resorts LLC 4100 MacArthur Blvd #200 Newport Beach CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 10,000.00 | 10,000.00 | |
| | | <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 | | | | |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 36,600.00
- Amount received this period – unitemized 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 \$** 36,600.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>12/31/04</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>9</u> |

| | |
|--|------------------------|
| NAME OF FILER Taxpayers for a Better Dana Point | I.D. NUMBER 1248891 |
|--|------------------------|

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 10/27 10/30 | Joe Snyder Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | Literature | 13,060.00 | 13,060.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9/29 | April O'Connor Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | | 83.34 | 83.34 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9/29 | Joe Snyder Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | | 83.34 | 13,143.34 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9/14 9/22 10/4 | April O'Connor Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 262.50 | 345.84 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 13,489.18 | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>7/01/04</u> through <u>12/31/04</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>9</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Taxpayers for a Better Dana Point | I.D. NUMBER 1248891 |
|---|-------------------------------|

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|--|---------------------------|--------------------|---|------------------------------------|
| 9/15 | April O'Connor Dana Point City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 2800.00 | 3145.84 | |
| 10/22 | Joe Snyder Dana Point City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 2718.00 | 15,861.34 | |
| 10/22 | April O'Connor Dana Point City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 2718.00 | 5863.84 | |
| 10/25 | April O'Connor Dana Point City Council <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 5570.00 | 11,433.84 | |
| SUBTOTAL \$ | | | | 13,806.00 | | |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/04</u> through <u>12/31/04</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>9</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Taxpayers for a Better Dana Point | I.D. NUMBER 1248891 |
|---|-------------------------------|

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 9/14 9/22 10/4 | Joe Snyder Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | | 262.50 | 16,123.84 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 262.50 | | |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

| | |
|---|----------------------------|
| Statement covers period from <u>7/01/04</u> through <u>12/31/04</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>9</u> | I.D. NUMBER 1248891 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers for a Better Dana Point

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 9/15 | Joe Snyder Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 3181.50 | 19,305.34 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9/15 | April OConnor Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 3181.50 | 14,615.34 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 9/29 | Joe Snyder Dana Point City Council | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure | campaign mailer | 2800.00 | 22,105.34 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 9163.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 36,720.67
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 222.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 36,942.67

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

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

| | | |
|-----------------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/04 | |
| through | 12/31/04 | Page <u>8</u> of <u>9</u> |
| NAME OF FILER | | I.D. NUMBER |
| Taxpayers for a Better Dana Point | | 1248891 |

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 |
| 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 |
|---|---------|------------------------|-------------|
| DMH & Associates | LIT | | 13,060.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 13,060.00

**Schedule E
Payments Made**

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

| | | |
|-----------------------------------|----------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/04 | |
| through | 12/31/04 | Page <u>9</u> of <u>9</u> |
| NAME OF FILER | | I.D. NUMBER |
| Taxpayers for a Better Dana Point | | 1248891 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers for a Better Dana Point

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 |
| LT campaign literature and mailings | FRT 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 |
|---|------|----|------------------------|-------------|
| Bieber Communications 3605 W. MacArthur Blvd Suite 712 Santa Ana CA 92704 | IND | | Campaign mailer | 22,969.00 |
| The Greensburgh Group Inc. 245 Fischer Ave C-3 Costa Mesa CA 92626 | | | mailing list | 166.67 |
| US Postmaster | POS | | Business Reply mail | 525.00 |

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

SUBTOTAL \$ 23,660.67

Schedule E Summary

| | | |
|--|-----------------|------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | 36,720.67 |
| 2. Unitemized payments made this period of under \$100 | \$ | 222.00 |
| 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 \$ | 36,942.67 |