

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM **460**

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OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

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SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 07/01/2017

through 09/30/2017

Date of election if applicable:

(Month, Day, Year)

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

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1397105

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

Newport Beach Residents Against Recalling Councilman Peotter

STREET ADDRESS (NO P.O. BOX)

17512 Von Karman Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Irvine</u>	<u>CA</u>	<u>92614</u>	<u>(949) 474-0242</u>

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

455 Capitol Mall, Suite 600

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Ken Low

MAILING ADDRESS

17512 Von Karman Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Irvine</u>	<u>CA</u>	<u>92614</u>	<u>(949) 474-0242</u>

NAME OF ASSISTANT TREASURER, IF ANY

Paula Carrigan

MAILING ADDRESS

17512 Von Karman Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Irvine</u>	<u>CA</u>	<u>92614</u>	<u>(949) 474-0242</u>

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 10/19/2017
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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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?

☐ YES ☐ 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?

☐ YES ☐ 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
Recall of Councilman Scott Peotter

BALLOT NO. OR LETTER

JURISDICTION

City of Newport Beach

☐ SUPPORT
☒ 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

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2017</u> through <u>09/30/2017</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>9</u> I.D. NUMBER 1397105
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Residents Against Recalling Councilman Peotter

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>2,000.00</u>	\$ <u>25,000.00</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>2,000.00</u>	\$ <u>25,000.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>2,000.00</u>	<u>2,000.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>4,000.00</u>	\$ <u>27,000.00</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	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>13,184.90</u>	\$ <u>13,234.90</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>13,184.90</u>	\$ <u>13,234.90</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>13,179.06</u>	<u>13,865.01</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>2,000.00</u>	<u>2,000.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>28,363.96</u>	\$ <u>29,099.91</u>

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	\$ <u>22,950.00</u>
13. Cash Receipts Column A, Line 3 above	<u>2,000.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>13,184.90</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>11,765.10</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>13,865.01</u>

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
from 07/01/2017
through 09/30/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Newport Beach Residents Against Recalling Councilman Peotter

1397105

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)
08/25/2017	Great Scott Tree Services, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
		<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				
		<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 \$				2,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,000.00
- 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 \$ 2,000.00

*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	09/30/2017	Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1397105

Newport Beach Residents Against Recalling Councilman Peotter

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/18/2017	Fieldstead and Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CNS	500.00	17,000.00	
09/01/2017	Fieldstead and Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CNS	1,000.00	17,000.00	
09/30/2017	Fieldstead and Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CNS	500.00	17,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,000.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 2,000.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2,000.00

*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

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	09/30/2017	Page 6 of 9
NAME OF FILER		I.D. NUMBER
Newport Beach Residents Against Recalling Councilman Peotter		1397105

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Residents Against Recalling Councilman Peotter

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
Bell, McAndrews & Hiltachk, LLP 455 Capitol Mall, Suite 600 Sacramento, CA 95814	PRO			685.95
Bieber Communications 3609 W. MacArthur Blvd. #812 Santa Ana, CA 92704	LIT			12,498.95

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

SUBTOTAL \$ 13,184.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13,184.90
2. Unitemized payments made this period of under \$100	\$	0.00
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 \$	13,184.90

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2017
through 09/30/2017

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1397105

Newport Beach Residents Against Recalling Councilman Peotter

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
Bell, McAndrews & Hiltachk, LLP 455 Capitol Mall, Suite 600 Sacramento, CA 95814	PRO	685.95	0.00	685.95	0.00
Voter Link 13348 Alpine Cover Drive Alpine, UT 84004	PHO	0.00	226.46	0.00	226.46
Bieber Communications 3609 W. MacArthur Blvd. #812 Santa Ana, CA 92704	LIT	0.00	12,378.95	0.00	12,378.95

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

SUBTOTALS \$ 685.95\$ 12,605.41\$ 685.95\$ 12,605.41

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 \$** 13,865.01
- 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 \$** 685.95
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 13,179.06
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>09/30/2017</u>		CALIFORNIA FORM 460 Page <u>8</u> of <u>9</u>
NAME OF FILER Newport Beach Residents Against Recalling Councilman Peotter		
I.D. NUMBER 1397105		

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Landslide Communications of Nevada, Inc. 30011 Ivy Glenn Drive #223 Laguna Niguel, CA 92677	PHO	0.00	525.20	0.00	525.20
Bell, McAndrews & Hiltachk, LLP 455 Capitol Mall, Suite 600 Sacramento, CA 95814	PRO	0.00	734.40	0.00	734.40
SUBTOTALS \$		0.00 \$	1,259.60 \$	0.00 \$	1,259.60

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

Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from 07/01/2017 through 09/30/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newport Beach Residents Against Recalling Councilman Peotter

I.D. NUMBER

1397105

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bieber Communications

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U. S. Postmaster 1517 S Greenville Street Santa Ana, CA 92704	POS		4,900.00
U. S. Postmaster 1517 S Greenville Street Santa Ana, CA 92704	POS		4,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 9,800.00

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