See Instructions on Reverse   Through 10/22/2022   November 8, 2022	Da - !! 4 O !44			- CD	COVER PAGE
1. Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure Committee   State Candidate Election Committee   Primarily Formed Ballot Measure Committee   Semi-annual Statement   Semi-annual Stat	Campaign Statement			Date Stamp	FORM 400
1. Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure Committee   State Candidate Election Committee   Primarily Formed Ballot Measure Committee   Semi-annual Statement   Semi-annual Stat		from <u>9/25/2022</u>	(Month, Day, Year)	222 NOU	Page 1 of 7 For Official Use Only
Committee   Controlled Committee   Controlled Committee   Controlled State Candidate Election Committee   Controlled   Special Odd-Year Report   S	SEE INSTRUCTIONS ON REVERSE	through <u>10/22/2022</u>	November 8, 2022	N E	
State Candidate Election Committee    Recall   (Also Complete Part 8)   (Also Gile a Form 410 Termination Statement   (Also Gile a Form 410 Termination	1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Nancy Mason for Simi Valley City Council District 4 2022  Theresa Loos MAILING ADDRESS  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  Simi Valley CA 93065  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Simi Valley CA 93065  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP	State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	ommittee Controlled Sponsored Complete Part 6)	Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Statement covers period	t □ Spendermination) elow) I was updated from "1/1/2	ecial Ödd-Year Report
Nancy Mason for Simi Valley City Council District 4 2022  Theresa Loos MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE Simi Valley CA 93065  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE Simi Valley CA 93065  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 complemently of perjury under the laws of the State of California that the foregoing is true and porrect.  Executed on 11 - 28 - 22 Date Date  By Signification Treasurer of Assistant Treasurer  A 28 - 22 Date Date  By MACHANTICAL TREASURER AREA CODE  STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE AREA CODE STATE ZIP CODE AREA CODE STATE ZIP CODE STATE ZIP CODE STATE Z	1 Committee Information		Treasurer(s)		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  Simi Valley CA 93065  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  Simi Valley CA 93065  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  CITY STATE ZIP CODE AREA CODE  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 the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 11 - 28 · 22  By  Signature of Treasurer or Assistant Treasurer  By  The Address  A A A A A A A A A A A A A A A A A A			NAME OF TREASURER		
Simi Valley  CA 93065  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  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 the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 11-28-22  Date  By  Signature of Treasurer or Assistant Treasurer  Signature of Treasurer or Assistant Treasurer  By  MANNAMAN  BY  MANNAMAN  BY  MANNAMAN  BY  MANNAMAN  BY  MANNAMAN  SIGNATURE OF ASSISTANT TREASURER, IF ANY  NAME OF ASSISTANT T	Nancy Mason for Simi Valley City Council District 4 2	2022			
STATE ZIP CODE AREA CODE/PHONE  Simi Valley  CA 93065  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY  STATE ZIP CODE AREA CODE/PHONE  CITY  STATE ZIP CODE AREA CODE/PHONE  CITY  STATE ZIP CODE AREA CODE  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 the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 11 - 28 - 22  Date  By  Signature or Assistant TREASURER, IF ANY  MALLING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS  OPTIONAL: FAX/E-MAIL ADDRESS  A Signature or Assistant Treasurer or Assistant	STREET ADDRESS (NO P.O. BOX)	*			CODE AREA CODE/PHONE
Simi Valley CA 93065  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  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 completerity under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 11 - 28 - 22  Date  By  Signature of Treasurer of Assistant Treasurer  State OPTIONAL: FAX / E-MAIL ADDRESS					065
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 completerity under penalty of perjury under the laws of the State of California that the foregoing is true and correct  Executed on 11 - 28 - 22  By  Signature of Treasurer of Assistant Treasurer  Executed on 28 - 32  By  MAILING ADDRESS  MAILING ADDRESS  AREA CODE/PHONE  CITY  STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTI			NAME OF ASSISTANT TREASUR	ER, IF ANY	
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on 11-28-22  By Signature of Treasurer or Assistant Treasurer  Executed on 28-27  By Manual			MAILING ADDRESS		
8. 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 completerity under penalty of perjury under the laws of the State of California that the foregoing is true and correct  Executed on 11-28-22  By Signature of Treasurer or Assistant Treasurer  Executed on 128-22  By Manual Manua	CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
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 completed by the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct by the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct by the certification of the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and in the attached schedules is true and complete the information contained herein and information contained herein and information contained herein and informati	OPTIONAL: FAX / E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRE	ESS	
Executed on	I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and c	with him		chedules is true and complete.
Executed on By		By Signature of Column	Illing Officeholder, Candidate, State Measure Pri	openent or Responsible Officer of Spo	n807

Ву\_

Executed on -

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Sign at a of Controlling Officeholder, Candidate, "Sate Measure Proponent

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 0	7

						t Measure			
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Nancy Mason for Simi Valley City Council Dist	rict 4 2022								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	STRICT NUMBER	R IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
Simi Valley City Council District 4									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	CITY	STATE	ZIP						
	Simi Valley	CA	93065		Identify the controlling office	holder, candi	date, or state r	measure propo	onent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		-
Related Committees Not Included in this	Statement:	l fot any sa							
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily				OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBE	ER .	<del></del>						
				7.	Primarily Formed Cand	lidate/Offic	eholder Co	mmittee //e	t names of
NAME OF TREASURER	CONTROL	LED COMM	ITTEE?	••	officeholder(s) or candidate(s)	for which this	committee is p	orimarily formed	i.
	☐ YES		<u> </u>						
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX1				NAME OF OFFICEROLDED OD	CANDIDATE	OFFICE COLL	CUT OR HELD	<del></del>
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CO	DDE/PHONE		NAME OF OFFICEHOLDER OR			GHT OR HELD	☐ OPPOSE
CITY STATE		AREA CO	DDE/PHONE						☐ OPPOSE
CITY STATE :			DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ OPPOSE
	ZIP CODE		DE/PHONE			CANDIDATE	OFFICE SOU		☐ OPPOSE
	ZIP CODE		DDE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	OPPOSE SUPPORT OPPOSE
	ZIP CODE				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME  NAME OF TREASURER	ZIP CODE	≅R	IITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT
COMMITTEE NAME	I.D. NUMBE  CONTROL  YES	ER	IITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBE  CONTROL  YES	ER	IITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT ☐ OPPOSE ☐ SUPPORT

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/25/2022	FORM 460
through 10/22/2022	Page 3 of 7
1	I.D. NUMBER
	1449944

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Nancy Mason for Simi Valley City Council District 4 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	248.30	\$\frac{11,811.69}{4,000}\$\$ \$\frac{15,811.69}{1,371.66}\$\$ \$\frac{17,183.35}{17,183.35}\$\$	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	0	\$\frac{11,767.36}{0}\$ \$\frac{11,767.36}{0}\$ 0 0 \$\frac{11,767.36}{11,767.36}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement  12. Beginning Cash Balance	\$	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	•	l	FPPC Form 450 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule Monetary	A Contributions Received		its may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 10/22/20	22	Page	9 <u>4</u> of <u>7</u>	
NAME OF FILER Nancy Maso	on for Simi Valley City Council District 4 2022			· · · · · · · · · · · · · · · · · · ·		I.D. N 14499	UMBER 44	
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
10/3/22	Gordon Berry Los Angeles, CA 90064	ØIND □COM □OTH □PTY □SCC	Artist/Producer SkyWorks Digital, Inc.	\$100 \$100		\$100 \$100		
10/3/22	Donna Julian Simi Valley, CA 93065	☑IND □COM □OTH □PTY □SCC	Unemployed	\$100	\$100 \$100		\$100	
10/21/22	Ryan Valencia Simi Valley, CA 93065	ØIND □COM □OTH □PTY □SCC	Campaign Manager Christy Smith for Congress	\$100			\$100	
10/11/22	Paul Miller Simi Valley, CA 93065	ØIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	\$105	\$105		\$105	
10/1/22	Simi Valley Democratic Club FPPC#1370241 Simi Valley, CA 93062	☐ IND  ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000	\$1,000		\$1,000	
			SUBTOTAL	\$ 1,405				
1. Amount re	A Summary eceived this period – itemized monetary contributions ell Schedule A subtotals.)		<b>\$</b>	155	ini	(othe		

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

3. Total monetary contributions received this period. 

PTY - Political Party SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from <u>9/25/</u>2022

							5 of 7
NAME OF FILER Nancy Masor	n for Simi Valley City Council District 4 2022					I.D. NUMBER 11449944	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/17/22	Stonewall Democrats of Ventura County ID#1283558  Ventura, CA 93004	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$250	\$250		\$250
10/17/22	Central Coast Labor Council PAC FPPC# 890222  Long Beach, CA 90802	☐IND ☑COM ☐OTH ☐PTY ☐SCC		\$500	\$500		\$500
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
SUBTOTAL \$ 750							

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

\*Contributor Codes

Scnedule C		to whole dollars.				SCHEDULE (				
Nonmonetary Contributions Received					Statement covers period from 9/25/2022			CALIFORNIA 460		
EE INSTRUC	CTIONS ON REVERSE	throu				ough10/22/2022		Page of		
	son for Simi Valley City Council District 4 2022							1.D. NUM 114499		
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.	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/9/22	Gina Truncale Simi Valley CA 93065	IND COM OTH PTY SCC	Retired	Event Supplies	3	\$218.30	\$405.91		\$405.91	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL	\$				
1. Amount (Include	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)	******************				218.30	- IND	(other th	I nt Committee nan PTY or SCC)	
3 Total no	received this period – unitemized nonmone numerary contributions received this periones 1 and 2. Enter here and on the Summar	d					PT\	/ - Political	.g., business entity) Party ontributor Committee	

							SCHEDULE 6
Schedule E	Amounts may be rounded to whole dollars.				Statement covers period	CALIFORNIA 460	
Payments Made					m <u>9/25/2022</u>	FO	RM TOO
SEE INSTRUCTIONS ON REVERSE				thr	ough 10/22/2022	Page _	7 of
NAME OF FILER						I.D. NUN	ABER
Nancy Mason for Simi Valley City Council District 4 2022						11449	944
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)*	MBR member commodified expensions PET petition circum PHO phone banks POL postage, deli	munications d appearance ses lating urvey researc	s	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions	duction costs nd meals and meals	
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads	services (lega	al, accounting)	VOT WEE	voter registration		·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
Press Print		LIT	8.5" x 11" Mai	ler			\$2,423.61
Banning, CA 92220							
USPS		POS	Postage				\$308
Simi Valley, CA 93065							
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SU	JBTOTAL :	\$ 2,731.61
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)		••••••		•••••	\$	2,731.61
Uniterized payments made this period of under \$100						s_ <sup>2</sup>	214.64