

## Recipient Campaign Cover Page

ORIGINAL LOCAL

	
<b>California 460</b>	
<b>Registration Form</b>	
<b>For Official Use Only</b>	
<b>Page</b> _____ of _____	<b>For Official Use Only</b>
<b>Imperial</b>	<b>Oct 28 2024</b>
<b>Registration of Voters</b>	
<b>Dat Stamp</b>	

SEE INSTRUCTIONS ON REVERSE TAB.

Statement covers period  
from 01/01/2024  
through 09/21/2024

**11/5/2024**  
**of election if applicable:**  
(Month, Day, Year)

Page \_\_\_\_\_  
For Official Use

### 3. Committee Information

סְמִינָה בְּרִיבָה (וְיְמִינָה) נְמִינָה נְמִינָה נְמִינָה

Peter Martínez

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

卷之三

#### 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 \_\_\_\_\_

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

Executed on \_\_\_\_\_

Excluded Oil \_\_\_\_\_

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

COVER PAGE - PART 2  
**CALIFORNIA 460  
FORM**

Page \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

*Peter Martinez*

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

*Imperial Valley College Area 3 Imperial County*

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

*N/A*

NAME OF TREASURER

CONTROLLED COMMITTEE?  
 YES    NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

**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

*Peter Martinez*

*College Trustee 3*

SUPPORT

SUPPORT

OPPOSE

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

SUPPORT

OPPOSE

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES    NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Statement covers period <b>from <u>1/1/24</u></b>	SUMMARY PAGE <b>CALIFORNIA FORM 460</b>
through <b><u>9/21/24</u></b>	Page <b><u>_____</u></b> of <b><u>_____</u></b>
I.D. NUMBER	

**Contributions Received**

**Column A**  
 (FROM ATTACHED SCHEDULES)

**Column B**  
 CALENDAR YEAR  
 TOTAL TO DATE

1. Monetary Contributions ..... *Schedule A, Line 3* \$
2. Loans Received ..... *Schedule B, Line 3* \$
3. **SUBTOTAL CASH CONTRIBUTIONS** ..... *Add Lines 1 + 2* \$
4. Nonmonetary Contributions ..... *Schedule C, Line 3* \$
5. **TOTAL CONTRIBUTIONS RECEIVED** ..... *Add Lines 3 + 4* \$

**Expenditures Made**

*Schedule E, Line 4* \$   

3407 \$   

*Schedule H, Line 3* \$   

3407 \$   

6. Payments Made ..... *Schedule E, Line 4* \$
7. Loans Made ..... *Schedule H, Line 3* \$
8. **SUBTOTAL CASH PAYMENTS** ..... *Add Lines 6 + 7* \$

9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3* \$
10. Nonmonetary Adjustment ..... *Schedule C, Line 3* \$

11. **TOTAL EXPENDITURES MADE** ..... *Add Lines 8 + 9 + 10* \$

**Current Cash Statement**

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16* \$

13. Cash Receipts ..... *Column A, Line 3 above* \$

14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4* \$

15. Cash Payments ..... *Column A, Line 8 above* \$

16. **ENDING CASH BALANCE** ..... *Add Lines 12 + 13 + 14, then subtract Line 15* \$

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

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* \$

**Expenditure Limit Summary for State Candidates**

1/1 through 6/30

7/1 to Date

20. Contributions Received \$    \$
21. Expenditures Made \$    \$

**22. Cumulative Expenditures Made\***  
 {If Subject to Voluntary Expenditure Limit}

Date of Election  
 (mm/dd/yy) Total to Date

1 1 \$   

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 B – Part 2**  
**Loan Guarantors**

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

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

*Peter Martinez*

Statement covers period from <u>1/1/24</u> through <u>9/21/24</u>		CALIFORNIA FORM <b>460</b>
		Page <u>7</u> of <u>19</u>
		I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	CALENDAR YEAR	
							\$ _____ PER ELECTION (IF REQUIRED)	\$ _____ PER ELECTION (IF REQUIRED)
<i>N/A</i>	<input type="checkbox"/> IND		LENDER  DATE  DATE  DATE				\$ _____ PER ELECTION (IF REQUIRED)	\$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> COM							
	<input type="checkbox"/> OTH							
	<input type="checkbox"/> PTV							
	<input type="checkbox"/> SCC							
	<input type="checkbox"/> IND		LENDER  DATE  DATE  DATE				\$ _____ PER ELECTION (IF REQUIRED)	\$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> COM							
	<input type="checkbox"/> OTH							
	<input type="checkbox"/> PTV							
	<input type="checkbox"/> SCC							
	<input type="checkbox"/> IND		LENDER  DATE  DATE  DATE				\$ _____ PER ELECTION (IF REQUIRED)	\$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> COM							
	<input type="checkbox"/> OTH							
	<input type="checkbox"/> PTV							
	<input type="checkbox"/> SCC							
	<input type="checkbox"/> IND		LENDER  DATE  DATE  DATE				\$ _____ PER ELECTION (IF REQUIRED)	\$ _____ PER ELECTION (IF REQUIRED)
	<input type="checkbox"/> COM							
	<input type="checkbox"/> OTH							
	<input type="checkbox"/> PTV							
	<input type="checkbox"/> SCC							

**SUBTOTAL \$**

Enter on  
Summary Page,  
Line 17 only.

## **Schedule C Nonmonetary Contributions Received**

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

**SEE INSTRUCTIONS ON REVERSE**

Peter Martinez

<p>Statement covers period from - <u>1/1/24</u> through <u>9/21/24</u></p>	<p>CALIFORNIA FORM <b>460</b></p>
<p>ID NUMBER <u> </u></p>	<p>Page <u>2</u> of <u> </u></p>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
			<input type="checkbox"/> IND					
			<input type="checkbox"/> COM					
			<input type="checkbox"/> OTH					
			<input type="checkbox"/> PTV					
			<input type="checkbox"/> SCC					
			<input type="checkbox"/> IND					
			<input type="checkbox"/> COM					
			<input type="checkbox"/> OTH					
			<input type="checkbox"/> PTV					
			<input type="checkbox"/> SCC					
			<input type="checkbox"/> IND					
			<input type="checkbox"/> COM					
			<input type="checkbox"/> OTH					
			<input type="checkbox"/> PTV					
			<input type="checkbox"/> SCC					
			<input type="checkbox"/> IND					
			<input type="checkbox"/> COM					
			<input type="checkbox"/> OTH					
			<input type="checkbox"/> PTV					
			<input type="checkbox"/> SCC					

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) .....
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....
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 \$** \_\_\_\_\_

**Attach additional information on appropriately labeled continuation sheets**

**SUBTOTAL \$**

*Contributor Codes	
IND – Individual	
COM – Recipient Committee	
OTH – Other (e.g., business entity)	(other than PTY or SCC)
PTY – Political Party	
SCC – Small Contributor Committee	

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

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

**SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ \_\_\_\_\_**

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

Type or print in ink.  
Amounts may be rounded.

**CALIFORNIA 160** SCHEDULED (CONT.)

Statement covers period  
from 1/1/24 through 9/2/24

**CALIFORNIA FORM 460**

NAME OF FILER

Peter Martinez

**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Peter Martinez*

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

Statement covers period from <u>1/1/24</u> through <u>9/24/24</u>	CALIFORNIA FORM <b>460</b>
	Page <u>11</u> of _____
	I.D. NUMBER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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  
LT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
<i>Imperial Printers</i> 100 S. 11th St. Centro, Ca 92243	LIT	doorhangers		393.28
<i>Jose Renteria</i>	WEB	Internet/ social media		200.00

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

SUBTOTAL \$ 119.00

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals) ..... \$ 3407
- Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e),) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 3407**

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Peter Martinez*

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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  
LT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor

VOT voter registration  
WEB information technology costs (internet, e-mail)

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

Statement covers period from <u>1/1/24</u>	CALIFORNIA FORM through <u>1/24/24</u>	Page <u>12</u> of <u>      </u>
		I.D. NUMBER

I.D. NUMBER

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR  
DESCRIPTION OF PAYMENT  
PRT  
VOT  
Voter filing  
LIT  
Canvas campaign literature

AMOUNT PAID  
190.00

County of Imperial  
940 W. Main St. Suite 200  
El Centro, Ca 92243

CODE OR  
DESCRIPTION OF PAYMENT  
PRT  
VOT  
Voter filing  
LIT  
Canvas campaign literature

AMOUNT PAID  
545.00

County of Imperial  
940 W. Main St. Suite 200  
El Centro, Ca 92243

CODE OR  
DESCRIPTION OF PAYMENT  
PRT  
VOT  
Voter filing  
LIT  
Canvas campaign literature

AMOUNT PAID  
300.00

County of Imperial  
940 W. Main St. Suite 200  
El Centro, Ca 92243

CODE OR  
DESCRIPTION OF PAYMENT  
PRT  
VOT  
Voter filing  
LIT  
Canvas campaign literature

AMOUNT PAID  
242.63

Home Depot  
320 Wake Ave  
El Centro, Ca 92243

CODE OR  
DESCRIPTION OF PAYMENT  
PRT  
VOT  
Voter filing  
LIT  
Canvas campaign literature

AMOUNT PAID  
400.00

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

SUBTOTAL \$ 2147

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Peter Martinez*

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

Statement covers period from <u>01/11/24</u>	CALIFORNIA FORM <b>460</b>
through <u>01/21/24</u>	Page <u>13</u> of <u>13</u>
I.D. NUMBER	

**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 LIT	DESCRIPTION OF PAYMENT	AMOUNT PAID
TRCS	Post Pounder to keep pitywood together	54.
TRCS	Just med	13.
CMP	Misc. expenses for meet & greet	31.
CMP	Fuel for placing campaign signs	20.
TRCS	Meal for hanging signs for helpers	64.

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

SUBTOTAL \$ 182

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Peter Martinez*

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

Statement covers period from <u>8/01/24</u> through <u>9/21/24</u>		CALIFORNIA FORM <b>460</b>
		Page <u>14</u> of <u>      </u>
		ID NUMBER

**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
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulantes
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<i>Driscoll's 1470 W. State St. 21 Centro, Ca 92243</i>	CODE <u>PRT</u>	DESCRIPTION OF PAYMENT <i>Printing Shirts for Special Events</i>	AMOUNT PAID <u>179.</u>
---	--------------------	---	----------------------------

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

**SUBTOTAL \$ 179**



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

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

NAME 

---

Peter Martinez

I.D. NUMBER

<b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
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
LT	campaign literature and mailings
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>	
MER	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production
TRC	candidate travel, lodging, and
TRS	staff/spouse travel, lodging, a
TSF	transfer between committees
VOT	voter registration
WEB	information technology costs

<b>Statement covers period</b> <b>from <u>01/01/24</u></b> <b>through <u>09/24/24</u></b>		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
<b>I.D. NUMBER</b>	<b>Page <u>14</u> of <u>1</u></b>	
<p>the code. Otherwise, describe the payment.</p> <p>RAD radio airtime and production costs      RFD returned contributions      SAL campaign workers' salaries      TEL t.v. or cable airtime and production costs      TRC candidate travel, lodging, and meals      TRS staff/spouse travel, lodging, and meals      TSF transfer between committees of the same candidate/sponsor      VOT voter registration      WEB information technology costs (internet, e-mail)</p>		

## Schedule H Loans Made to Others\*

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period  
from 01/01/24 CALIFORNIA FORM 460

## Schedule H Summary

1. Loans made this period ..... \$ \_\_\_\_\_  
 (Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans ..... \$ \_\_\_\_\_  
 (Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** \_\_\_\_\_  
 (Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

Schedule 1, Line 3)

\*\* If Required

## Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded.

to whole dollars.

Statement covers period from <u>01/01/24</u> to <u>01/31/24</u>	CALIFORNIA FORM <b>460</b>
	SCHEDULE

**SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER**

Peter Martínez

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
N/A			

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

1. Itemized increases to cash this period. .... \$ .....
2. Unitemized increases to cash of under \$100 this period. .... \$ .....
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ .....
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the  
Summary Page, Line 14.) .... **TOTAL** \$ .....

**TOTAL \$** \_\_\_\_\_