

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
2001/02  
FORM  
**460**

Date Stamp  
RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2012 FEB - 2 P 12:02

1 / 10  
For Official Use Only

Type or print in ink.

Statement covers period  
from 07/01/2011  
through 12/31/2011

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 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.)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee
- Ballot Measure Committee  
 Primary Formed  
 Controlled  
 Sponsored  
(Also Complete Part 6.)  
 Primary Formed Candidate/Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)
- Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1308501

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends Of Andrew Do

## Treasurer(s)

NAME OF TREASURER  
Kelly Lawler

STREET ADDRESS (NO P.O. BOX)  
558 S Harbor Boulevard

MAILING ADDRESS  
976 Pacific Avenue

CITY Anaheim STATE CA ZIP CODE 92805-4524 AREA CODE/PHONE (714) 783-7229

CITY Willows STATE CA ZIP CODE 95988-9788 AREA CODE/PHONE (530) 934-5823

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

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 true and correct.

Executed on 1/31/12 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 1/25/12 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

CALIFORNIA FORM <b>460</b>
2 / 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Andrew Do

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City Garden Grove n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
12866 Main Street Garden Grove CA 92840-5158  
Suite 202

**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 to make expenditures on behalf of your candidacy.

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	--

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)

**7. Primarily Formed 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary



# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period

from 7/1/11 through 12/31/11

3 / 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 7 \$ 0.00	18152.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0.00	18152.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0.00	18152.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 318.35	\$ 870.50
7. Loans Made .....	Schedule H, Line 7 \$ 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 318.35	870.50
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 -7673.00	6422.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ -7354.65	7292.50

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 572.86
13. Cash Receipts .....	Column A, Line 3 above \$ 0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00
Cash Payments .....	Column A, Line 8 above \$ 318.35
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 254.51

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
-----------------------------------	----------------------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 24574.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contribution Received \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date

21. Expenditures Made \$ \_\_\_\_\_

## 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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

# Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

CALIFORNIA  
FORM **460**

Statement covers period  
from 7/1/11  
through 12/31/11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Ref: L4_m	County of Orange Chief of Staff	\$ 5000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000.00 DATE DUE	0.00 % 0.00	\$ 5000.00 04/07/2009 DATE INCURRED	\$ 0.00 PER ELECTIC
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Ref: L3_m	County of Orange Chief of Staff	\$ 152.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 152.00 DATE DUE	0.00 % 0.00	\$ 152.00 12/05/2008 DATE INCURRED	\$ 0.00 PER ELECTION**
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Ref: L5_m	County of Orange Chief of Staff	\$ 2000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 2000.00 12/31/2012 DATE DUE	0.00 % 0.00	\$ 2000.00 04/30/2010 DATE INCURRED	\$ 0.00 PER ELECTION**
<b>SUBTOTALS</b>		\$ 7152.00	\$ 0.00	\$ 0.00	\$ 7152.00	0.00		

## Schedule B Summary

- Loans received this period.  
(Total Column (b) plus unitemized loans less than \$100.)  
\$ 0.00
- Loans paid or forgiven this period  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
\$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2.  
Net \$ 0.00  
(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

## CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

Statement covers period  
from 7/1/11  
through 12/31/11

I.D. NUMBER  
1308501

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: Ref: L2_m	County of Orange Chief of Staff	\$ 11000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 11000.00	0.00 % RATE	\$ 20000.00	\$ 0.00	PER ELECTRIC
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		DATE INCURRED		
							10/24/2008		

**SUBTOTALS** \$ 0.00 \$ 0.00 \$ 11000.00 \$ 0.00

### Schedule B Summary

- Loans received this period. (Total Column (b) plus unitemized loans less than \$100.)  
\$ 0.00
- Loans paid or forgiven this period. (Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
\$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2.  
**Net \$** (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes  
IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**SCHEDULE B1**      **Notes**

Form/Schedule	Reference No	TEXT
B1	L4_m	Due Date: None
B1	L3_m	Due Date: None
B1	L5_m	Due Date: None



**SCHEDULE B1**      **Notes**

Form/Schedule	Reference No	TEXT
B1	L2_m	Due Date: None

# Schedule E Payments Made

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

SCHEDULE E

CALIFORNIA  
FORM **460**

Statement covers period  
from 7/1/11  
through 12/31/11

8 / 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

**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, email)

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

CompleteCampaigns.com  
205 Pennsylvania Avenue SE

ID:

Washington DC 20003-1164

DESCRIPTION OF PAYMENT

CODE OR

OFC

AMOUNT PAID

173.00

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

SUBTOTAL \$ 173.00

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 173.00
2. Unitemized payments made this period of under \$100. .... \$ 145.35
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 \$ 318.35



# Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period  
from 7/1/11  
through 12/31/11

CALIFORNIA FORM **460**

9 / 10

I.D. NUMBER  
1308501

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

**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/spouse |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration                                       |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)           |

NAME AND ADDRESS OF PAYEE OR 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
CompleteCampaigns.com 205 Pennsylvania Avenue SE Washington DC 20003-1164 ID:	OFC	173.00	0.00	173.00	0.00
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID:	CNS Void Invoice	7500.00	-7500.00	0.00	0.00
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID:	LIT	2150.00	0.00	0.00	2150.00
<b>SUBTOTALS \$ 9823 - \$ -7500 - \$ 173.00 \$ 2150.00</b>					

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

## 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 \$ -7500.00**
- 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 \$ 173.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -7673.00**

May be a negative number.

# Schedule F Accrued Expenses (Unpaid Bills)

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

<b>CALIFORNIA FORM 460</b>	Statement covers period from _____ through 10 / 10
I.D. NUMBER 1308501	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

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

- |  |   |
|--|---|
| CMP campaign paraphernalia/misc.<br>CNS campaign consultants<br>CTB contribution (explain nonmonetary)*<br>CVC civic donations<br>FIL candidate filing/ballot fees<br>FND fundraising events<br>IND independent expenditure supporting/opposing others (explain)*<br>LEG legal defense<br>LIT campaign literature and mailings | MBR member communications<br>MTG meetings and appearances<br>OFC office expenses<br>PET petition circulating<br>PHO phone banks<br>POL polling and survey research<br>POS postage, delivery and messenger services<br>PRO professional services (legal, accounting)<br>PRT print ads<br>RAD radio airtime and production costs<br>RFD returned contributions<br>SAL campaign workers' salaries<br>TEL t.v. or cable airtime and production costs<br>TRC candidate travel, lodging, and meals<br>TRS staff/spouse travel, lodging, and meals<br>TSF transfer between committees of the same candidate/spouse<br>VOT voter registration<br>WEB information technology costs (internet, email) |
|--|---|

NAME AND ADDRESS OF PAYEE OR 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
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772	PHO	4272.00	0.00	0.00	4272.00

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

**SUBTOTALS \$ 4272.00 - \$ 0.00 \$ 0.00 \$ 4272.00**

## Schedule F Summary

1. 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 \$** \_\_\_\_\_
2. 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 \$** \_\_\_\_\_
3. Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_

May be a negative number.