COVER PAGE

Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2018
through 6/30/2018

Date of election if applicable:
(Month, Day, Year)
November 6, 2018

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
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- ☐ 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

3. Committee Information

I.D. NUMBER: 1400519

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: GARDEN GROVE | STATE: CA | ZIP CODE: 92843 | AREA CODE/PHONE: [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
rickk@markanthonyparedes.com

Treasurer(s)

NAME OF TREASURER
RICHARD L. MONTOYA JR

MAILING ADDRESS
[redacted]

CITY: GARDEN GROVE | STATE: CA | ZIP CODE: 92843 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
rickk@markanthonyparedes.com

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 7/31/2018 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 7/31/2018 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MARK ANTHONY PAREDES

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

GARDEN GROVE CITY COUNCIL DISTRICT 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted] GARDEN GROVE CA 92840

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

BALLOT NO. OR LETTER	JURISDICTION	☐ 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 1/1/2018 through 6/30/2018

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER

1400519

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5434.00	$ 5434.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5434.00	$ 5434.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5434.00	$ 5434.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1681.47	$ 1681.47
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1681.47	$ 1681.47
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1681.47	$ 1681.47

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 500.00
13. Cash Receipts	*Column A, Line 3 above*	5434.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1681.47
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4252.53

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* — $ 0.00

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).

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	$	$

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
/ /	$
/ /	$

*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 1/1/2018
through 6/30/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER
1400519

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)
1/17/2018	Chris Pastor 5513 Namath Circle Elk Grove, Ca 95757	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Endo Educator	300.00	300.00	
1/18/2018	Mikhail Paredes 607 Filmore Avenue #1901 Victoria, TX 77901	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Crossroads Home Health Physical Therapist	100.00	100.00	
1/18/2018	Gloria Nguyen 1929 Beverly Drive Pasadena, Ca 91104	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Manager	100.00	100.00	
1/18/2018	Haresh Sakharani 201 E Center Street Anaheim, Ca 92805	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman	100.00	100.00	
1/18/2018	Dulce Tadena 5 Highview Road Ossining, NY 10562	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Takasago Researcher	500.00	500.00	
			SUBTOTAL $	1100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 4630.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 804.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5434.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2018
through 6/30/2018

CALIFORNIA FORM **460**

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NAME OF FILER
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER
1400519

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)
1/18/2018	Angelica Solis 1704 N Avenue Los Angeles, Ca 90042	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Youth Policy Institute Executive	100.00	100.00	
1/19/2018	Joy Tuya-Paredes 655 Citrus Avenue Perris, Ca 92571	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CSUSB Instructor	100.00	100.00	
1/21/2018	Benjamin Yu 8425 Spruce Meadow Lane Granite Bay, Ca 95746	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Psychiatry Physician	200.00	200.00	
1/22/2018	Leslie Valmonte 9937 Manzanita Drive Rancho Cucamonga, Ca 91737	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LFV Consulting , Inc Consultant	100.00	100.00	
1/22/2018	Jose Sarabia 4936 Palm Drive La Canada, Ca 91011	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deloitte CPA	500.00	500.00	
			SUBTOTAL $	1000.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2018
through 6/30/2018

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NAME OF FILER
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER
1400519

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)
1/26/2018	Gaston Castellanos 307 Fairway Lane Placentia, Ca 92870	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCEA Communications	100.00	100.00	
1/26/2018	Chris Jacoby 11220 S. Painter Avenue Whittier, Ca 90605	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	135.00	135.00	
5/17/2018	Kathia Canlas 10339 Dove Court Garden Grove, Ca 92840	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OCLF Communications Coordinator	150.00	150.00	
6/23/2018	Jonathan Mansoori 864 Berenice Drive Brea, Ca 92821	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Leadership for Educational Equity Nonprofit Manager	100.00	100.00	
1/21/2018	Romualdo R. Paredes 1875 Holly Oak Drive Monterey Park, Ca 91755	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Alhambra Health Clinic Healthcare Provider	1000.00	1000.00	
			SUBTOTAL $	1485.00		

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IND – Individual
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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2018
through 6/30/2018

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NAME OF FILER
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER
1400519

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)
1/24/2018	4 Seasons Carpet Cleaning 427 N. Resh Street Anaheim, Ca 92805	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	
1/24/2018	Thao Thanh Tran 9842 Coventry Meadows Garden Grove, Ca 92844	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Kelly Blue Book Ad Manager	100.00	100.00	
1/24/2018	Dr. Jeanette Burns 2380 S. Mira Court #167 Anaheim, Ca 92802	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	225.00	225.00	
1/24/2018	Rolando T Tuya 655 Citrus Avenue Perris, Ca 92571	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
1/25/2018	Bert Ashland 13231 Gilbert Street Garden Grove, Ca 92844	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
			SUBTOTAL $	875.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2018
through 6/30/2018

CALIFORNIA FORM **460**

NAME OF FILER
MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER
1400519

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)
1/29/2018	Marciano Paredes 9655 Gunn Avenue Whittier, Ca 90605	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	170.00	170.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	170.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2018
through 6/30/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018

I.D. NUMBER

1400519

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Anthony Paredes 10339 Dove Court Garden Grove, Ca 92840 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Outreach Manager Blue Shield of CA	$ 500.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 500.00 12/31/18 DATE DUE	0 % RATE $	$ 500.00 12/29/17 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 0.00	$ 0.00		$ 500.00	$ 0.00		

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

Schedule B Summary

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

†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

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2018
through 6/30/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1400519

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
A&Z Printing 4330 Van Buren Blvd Riverside, CA 92502	LIT		588.65
102 Cafe 12908 Main Street Garden Grove, Ca 92840	FND		120.00
PDI 12501 Imperial Hwy #200 Norwalk, CA 90650		Voter Data	700.00

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

SUBTOTAL $ 1408.65

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1513.04
2. Unitemized payments made this period of under $100 ..... $ 168.43
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 $** 1681.47

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2018
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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
Donor Box Org 1885 Mission Street San Francisco, CA 94103	FND		104.39

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

SUBTOTAL $ 104.39