501-038-012

R	ecipient Committee	Type or	r print in ink		Date Stamp	COVER PA	5.5%
C	ampaign Statement over Page overnment Code Sections 84200-84216.5)	1,,,,,	. print iii iii	•	City of San Clement	CALIFORNIA 460 2001/02 FORM	
		Statement covers p from07/01/202		Date of election if applicable: (Month, Day, Year)	JAN 3 0 2023	Page 1 of 23	4
SE	E INSTRUCTIONS ON REVERSE	through09/24/202	22	11/08/2022	City Clerk Departmen	ıt	
1.	Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.		2. Type of Statement:			-
	✓ Officeholder, Candidate Controlled Committee □ P ○ State Candidate Election Committee □ C ○ Recall (Also Complete Part 5) □ General Purpose Committee □ P ○ Sponsored □ P ○ Small Contributor Committee □ C	rimarily Formed Ballot Measu ommittee) Controlled) Sponsored (so Comp'ete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	ure	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 To ☑ Amendment (Explain b Added missing outstar	Spermination) Signature	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495	
3.	Committee Information	. NUMBER 452359		Treasurer(s)	na a para a Manda anti da por se soci se soci de sol socia di socia di periodi. Al sed soci escola a protesta		HARMAN
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Enmeier for City Council 2022	TJ2JJJ	***************************************	NAME OF TREASURER Joana Barcelona			
				MAILING ADDRESS 1400 N Harbor Blvd Sui	te 550		
	STREET ADDRESS (NO P.O. BOX) 1400 N Harbor Blvd Ste 550			сітү Fullerton		CODE AREA CODE/PHON	NE
	CITY STATE ZIP CO Fullerton CA 92835		IONE	NAME OF ASSISTANT TREASUR			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	DX		MAILING ADDRESS			_
	CITY STATE ZIP CO	DE AREA CODE/PH	HONE	CITY	STATE ZIF	CODE AREA CODE/PHON	NE
1	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDR	RESS		_
4.	Verification						
	I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California				77 77 77 77 77	true and complete. I certify	1
	Executed on	By Joan	ına Barcelo				
	Executed on	БУ	rk Enmeier Bignature of Control	ng Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spon	sor	
	Executed on	Ву	Sig	nature of Controlling Officeholder, Candidate, S	tale Measure Proponent		
	Executed on	Ву	Siç	nature of Controlling Officeholder, Candidate, S	itale Measure Proponent	EPPC Form 460 (January	(05)



COVER PAGE - PART 2

CALIFORNIA 460

Page ____ of ___23

Officeholder or Candidate Controlled Co	ommittee	6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Mark Enmeier			NAME OF BALLOT MEASURE				
office sought or held (include location and bi Sought: City Council Member City- City of San Clemente	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, ca	ndidate, or state m	neasure p	roponent, if any
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTE	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER				I		
		7	Primarily Formed Cand	didate/Offic	ebolder Commi	ittoo <i>li</i> e	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s,		s committee is prima	arily forme	
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT O	RHELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	CFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO F	P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	ch continuation	on sheets if neces	sary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	ent covers period 07/01/2022	CALIFORNIA 460
through _	09/24/2022	Page3 of23

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Enmeier for City Council 2022 1452359 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 14646.00 14646.00 1/1 through 6/30 7/1 to Date 300.00 300.00 2. Loans Received Schedule B. Line 3 14946.00 14946.00 20. Contributions Received 681.80 681.80 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 15627.80 Made 15627.80 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ _____ 4369.64 4369.64 Candidates 0.00 7. Loans Made Schedule H. Line 3 0.00 22. Cumulative Expenditures Made* 4369.64 4369.64 (If Subject to Voluntary Expenditure Limit) 836.04 836.04 Date of Election Total to Date (mm/dd/yy) 681.80 681.80 10. Nonmonetary Adjustment Schedule C, Line 3 5887.48 5887.48 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page. Line 16 \$ To calculate Column B. add 14946.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 4369.64 Column A may be negative 10576.36 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ ____ 1136.04



Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

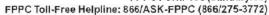
Monetary	Contributions Received	to whole dollars.		Statement covers period 07/01/2022 from		CALIFORNIA 460		
ore water lotton	NO ON PERSENT			through09/2	4/2022	Page4	of23	
SEE INSTRUCTIO	INS ON REVERSE					I.D. NUMBER		
	City Council 2022					1452359		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP 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 D CALENDAR YEA (JAN, 1 - DEC. 3	AR T	ELECTION ODATE REQUIRED)	
08/17/2022	Tracy Knox		Advocate Those in Need	100.00	10	0.00	100.00 G 22	
08/17/2022	Kortney Morrow	IND COM OTH PTY	Retired N/A	100.00	10	0.00	100.00 G 22	
08/17/2022	Gina Verraster	☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Public Law Center	100.00	12	5.00	125.00 G 22	
08/17/2022	Linda Verraster	IND COM OTH PTY SCC	Retired N/A	100.00	150	0.00	150.00 G 22	
08/19/2022	Arlon Enmeier	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Certified Financial Planner Enmeier Planning	1000.00	2970	STITE OF SEC. E.	2970.00 G 22	
			SUBTOTALS	1400.00				
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			13870.00 776.00	IND-In COM-	butor Codes ndividual Recipient Comm (other than PTY Other (e.g., busi	or SCC)	

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)



14646.00

3. Total monetary contributions received this period.

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Statement covers period

,		to whole o	dollars.	from 07/01	/2022		ORM 460
				through09/24	1/2022	Page_	5 of 23
NAME OF FILER Enmeier for (City Council 2022					1.D. NUI 14523	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF GOMMITTEE, 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)
08/22/2022	Democratic Women of South Orange County 604 Via Promontorio San Clemente, CA 92672-2458	□IND □COM ☑OTH □PTY □SCC		1000.00	1000.00		1000.00 G 2
08/23/2022	Raquel Pelayo		Physician Kaiser Permanente	250.00	250.00		250.00 G 22
08/24/2022	Eric Mervis	X IND COM OTH PTY SCC	Physician S	100.00	10	00.00	100,00 G 2
08/26/2022	Greg Young	X IND COM OTH PTY SCC	Teacher Capistrano Unified School District	250.00	2	50.00	250.00 G 22
08/28/2022	Michele Silverman	XIND COM OTH PTY scc	Administrative Asst Local School	100.00	10	00.00	100.00 G 22

SUBTOTAL \$

1700.00

*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



Type or print in ink.

SCHEDULE A (C	ONT.)
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	Contributions Received	to whole dol	See			ers period 1/2022	CALIFO	460		
				through_	09/2	4/2022	Page	6	of23	
NAME OF FILER Enmeier for (City Council 2022						1.D. NUMB 1452359			
DAYE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOU	JNT	CUMULATIVE	TODATE	PER	ELECTION	

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 - DEG. 31)	PER ELECTION TO DATE (IF REQUIRED)				
08/29/2022	Fran Sdao	⊠IND □COM □OTH □PTY □SCC	Retired N/A	150.00	150.00	150.00 G 22				
08/30/2022	Lisa Alizadeh	X IND COM OTH PTY SCC	Teacher Capistrano Unified	100.00	100.00	100.00 G 22				
09/01/2022	Jen Tatala		Teacher CUSD	100.00	100.00	100.00 G 22				
09/02/2022	Paul-Marilyn Miller	X IND COM OTH PTY SCC	Retired N/A	250.00	250.00	250.00 G 22				
09/03/2022	Brooke Van Dam	XIND COM OTH PTY SCC	Director Brooke Van Dam	100.00	100.00	100.00 G 22				
	SUBTOTAL \$ 700.00									

*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

(other than PTY or SCC)



Type or print in ink.

SCHEDULE A (CONT.)

100.00 G 22

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement coverage from 07/01	ers period (1/2022	CALIFORNIA 460	
			a	through09/24	1/2022 F	age 7 of 23	
NAME OF FILER Enmeier for (City Council 2022		-			.D. NUMBER 452359	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
09/03/2022	Linda Verraster	⊠IND □COM □OTH □PTY □SCC	Retired N/A	50.00	150	.00 150.00 G 22	
09/05/2022	Laurie Jacobs	IND COM OTH PTY Scc	Retired N/A	100.00	100	.00 100.00 G 22	

BILLION CONTROL OF THE PROPERTY OF THE PROPERT			SUBTOTAL \$	450.00		
09/07/2022	Shelly Gustafson	XIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher CUSD	100.00	100.00	100.00 G 22
09/05/2022	Alicia King		School Nurse Claremont Unified School District	100.00	100.00	100.00 G 22
		□ PTY □ SCC				

Teacher

Capistrano USD

XIND

COM

ПОТН

*Contributor Codes

IND - Individual

09/05/2022

COM - Recipient Committee

(other than PTY or SCC)

Sarah Kang

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Direct File

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

100.00

100.00

Type or print in ink.

SCHEDULE A (C	ONT.)
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Monetary Contributions Received		Amounts may to whole o	State of the state	Statement coverage of the statement coverage	california 460			
			u u	through 09/24	1/2022	Page	8 of	23
NAME OF FILER Enmeier for (City Council 2022					1.D. NUM 145235		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	TO	LECTION DATE QUIRED)
09/07/2022	Jeana Miller	⊠IND □COM □OTH	Coach Jeana Miller	150.00	1	50.00	,	150.00 G 22

RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)	
09/07/2022	Jeana Miller	IXIND COM OTH PTY SCC	Coach Jeana Miller	150.00	150.00	150.00 G 22	
09/07/2022	John Stauss		Retired N/A	100.00	100.00	100.00 G 22	
09/09/2022	Amy Andreasen	☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Capistrano USD	100.00	100.00	100.00 G 22	
09/09/2022	Chris Dollar	XIND COM OTH PTY SCC	Teacher Capo USD	100.00	100.00	100.00 G 22	
09/09/2022	Alan Ho	⊠IND □COM □OTH □PTY □SCC	Teacher Capistrano Unified	100.00	100.00	100.00 G 22	
SUBTOTAL\$ 550.00							

*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

Direct File

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2022

NAME OF FILER Enmeier for City Council 2022				through09/24/2022		Page	
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)
09/09/2022	Margaret Kaplan	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1000.00	10	00.00	1000.00 G 22
09/09/2022	Ann Worthington	IND COM OTH PTY SCC	Manager ViviMax LLC	1000.00	10	00.00	1000.00 G 22
09/10/2022	Kati Bennett	IND COM OTH PTY SCC	Teacher Capistrano Unified School	100.00	1	00.00	100.00 G 22
09/10/2022	Dick Davidson	IXIND COM OTH PTY	Retired N/A	125.00	1	25.00	125.00 G 22
09/10/2022	Sharon Davidson	⊠IND □COM □OTH □PTY □SCC	Retired N/A	125.00	1	25.00	125.00 G 22

*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



Type or print in ink.

SCHEDULE A (CONT.)

500.00 G 22

Monetary Contributions Received		to whole		from	1/2022	CALIFORNIA 460 FORM of 23
NAME OF FILER Enmeier for	City Council 2022			•		I.D. NUMBER 1452359
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.)	AR TO DATE
09/10/2022	Summer Ficks	⊠IND □COM □OTH □PTY □SCC	Unemployed N/A	250.00	25	250.00 G 22
09/10/2022	Andrea Sargent	⊠IND □COM □OTH □PTY □SCC	HR Manager Intuit	200.00	200	200.00 G 22
09/10/2022	Bradford Sargent		HR Manager Intuit	100.00	10	100.00 G 22
09/11/2022	Jeany Henry	⊠IND □COM □OTH	Radiologic Technologist Pediatric Orthopedic Specialists of Orange	100.00	100	0.00 100.00 G 22

County

Arlon

Operations

Director of Financial

PTY

Scc

XIND

COM

OTH

PTY SCC

SUBTOTAL\$	1150.00	

500.00

*Contributor Codes

IND - Individual

09/11/2022

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

Corrine LaFollette

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

500.00



Type or print in ink

PTY Scc SCHEDULE A (CONT)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2022		CALIFORNIA 460	
			93	through09/24	1/2022	Page	11 of 23
NAME OF FILER Enmeier for (City Council 2022		<u> </u>			I.D. NUMB 1452359	
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/11/2022	Matthew LaFollette	X IND COM OTH PTY SCC	Teacher Capistrano Unified School District	500.00	50	00.00	500.00 G 22
09/13/2022	Arlon Enmeier	☑IND □COM □OTH	Certified Financial Planner	990.00	297	70.00	2970.00 G 22

Enmeier Planning

09/13/2022	Arlon Enmeier	☑IND □COM □OTH □PTY □SCC	Certified Financial Planner Enmeier Planning	980.00	2970.00	2970.00 G 22
09/13/2022	Kristine Rushing	⊠IND □COM □OTH □PTY □SCC	Divorce Mediator/Financial Planner Financial Harmony, LLC	250.00	250.00	250.00 G 22
09/14/2022	Roderick Urquidi	X IND COM OTH PTY SCC	Teacher CUSD	100.00	100.00	100.00 G 22

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Type or print in ink.

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SCHEDULE A	CUNI.

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period 07/01/2022	california 460
		through09/24/2022	Page 12 of 23
NAME OF FILER			I.D. NUMBER
Enmeier for City Council 2022			1452359

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
09/14/2022	Cornel Van Dam	⊠IND □COM □OTH □PTY □SCC	Retired N/A	250.00	250.00	250.00 G 2
09/15/2022	Kathryn Walz	□ IND □ COM □ OTH □ PTY □ SCC	Retired N/A	100.00	100.00	100.00 G 22
09/16/2022	Kim Anderson		Retired N/A	250.00	250.00	250.00 G 22
09/16/2022	Gina Verraster	⊠IND □COM □OTH □PTY □SCC	Lawyer Public Law Center	25.00	125.00	125.00 G 22
09/17/2022	Marily Caddy	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	100.00	100.00 G 22

*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee



Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2022

NAME OF FILER Enmeier for (City Council 2022			through09/24		Page	
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
09/17/2022	Christopher Evans	X IND COM OTH PTY SCC	Retired N/A	100.00	10	0.00	100.00 G 22
09/17/2022	Deborah Evans	□ IND □ COM □ OTH □ PTY □ SCC	Retired N/A	100.00	10	00.00	100.00 G 22
09/17/2022	Michael Fluchere	X IND COM OTH PTY SCC	Retired N/A	100.00	10	00.00	100.00 G 22
09/17/2022	Melanie Garritson	X IND COM OTH PTY SCC	Retired N/A	100.00	10	00.00	100.00 G 22
09/17/2022	Elizabeth Hawkes	X IND COM OTH PTY SCC	Communications Manager Beyond Blindness	100.00	10	00.00	100.00 G 22
			SUBTOTAL	\$ 500.00			

*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



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

	SCHEDULE	A	(CONT.)
CALUE	ODNIA	A	7

100.00 G 22

NAME OF FILER	City Council 2022	to whole	dollars.	Trom	1/2022	FO Page	
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/17/2022	Barbara Helton	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	10	00.00	100.00 G 22
09/17/2022	Trudy Podobas		Fixit Capital Funding Mortgage Broker	125.00	12	25.00	125.00 G 22
09/17/2022	Daniel Sargent	⊠IND □COM □OTH □PTY □SCC	Partner Hawk Partners	250.00	25	50.00	250.00 G 22
09/17/2022	James Sigafoos	X IND COM OTH PTY SCC	Retired N/A	250.00	25	50.00	250.00 G 22

Business Owner

Linda Williams

Photography

XIND

COM

OTH

□ PTY □ SCC

SUBTOTAL\$	825.00	

100.00

Statement covers period

*Contributor Codes

IND - Individual

09/17/2022

COM - Recipient Committee

(other than PTY or SCC)

Linda Williams

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

100.00



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

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2022

				through09/24	/2022	Page15of23	
NAME OF FILER Enmeier for (City Council 2022					1.D. NUM	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
09/18/2022	Anne Stewart	⊠IND □COM □OTH □PTY □SCC	COM OTH PTY N/A 100		100.00		100.00 G 22
09/22/2022	Holly Anderson	☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed N/A	250.00	2	50.00	250.00 G 22
09/22/2022	Erin Naylor	IND COM OTH PTY	Teacher Erin Naylor	100.00 10		00.00	100.00 G 22
09/24/2022	Christine Solomon	XIND COM OTH PTY SCC	Executive Coach Christine Solomon	250.00	2	50.00	250.00 G 22
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 700.00			

*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



Type or print in ink.

SCHEDULE B-PART 1

oans Received	Amounts may be rounded to whole dollars.			from	ers period 01/2022	FORM 460		
					through	24/2022	Page 16	of 23
EE INSTRUCTIONS ON REVERSE		100			Till Odgit	***************************************	I.D. NUMBER	
Enmeier for City Council 2022							1452359	
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 PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
flark Enmeier	Teacher Capistrano Unified School District			PAID \$ FORGIVEN	s300.00	0.00 _%	s300.00	\$ 300.00 PER ELECTION**
NIND □ COM □ OTH □ PTY □ SCC		\$	s300.00	\$	01/30/2023 DATE DUE	\$0.00	08/11/2022 DATE INCURRED	s 300.00 G 22
,,				PAID \$ FORGIVEN	s	RATE	s	CALENDAR YEAR \$ PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	S	\$	DATE DUE	s	DATE INCURRED	5
		\$	\$	PAID FORGIVEN S	\$	% RATE	\$	SS
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE	• 000	DATE INCURRED	
		SUBTOTALS \$	300.00	5 0.0	300.00	\$ 0.00 (Enter (e) on		
Schedule B Summary					200.00	Schedule E. Line 3)		
. Loans received this period(Total Column (b) plus unitemized loans				\$	300.00		Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	07 P7	TH – Other (e.g., l TY – Political Party	PTY or SCC) business entity)
8. Net change this period. (Subtract Line Enter the net here and on the Summar	2 from Line 1.)y Page, Column A, Line 2.			NET \$	300.00 (May be a regative number)	Sc	CC – Small Contrib	utor Committee

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

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Enmeier fo	r City Council 2022					1452359	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)
08/22/2022	Karev Shultz	X IND COM OTH PTY SCC	Professional Photographer Karey Shultz	Campaign Photography	375.00	375.00	375.00 G 22
08/24/2022	Maia Meunier	⊠IND □COM □OTH □PTY □SCC	Unemployed N/A	Campaign Business Cards	17.24	306.80	306.80 G 22
08/30/2022	Maia Meunier	☐COM ☐OTH ☐PTY ☐SCC	Unemployed N/A	Printing Fee	3.58	306.80	306.80 G 22
08/30/2022	Maia Meunier	☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed N/A	Campaign Business Cards	11.99	306.80	306.80 G 22
Attach add	ditional information on appropriately lab	eled continuat	ion sheets.	SUBTOTAL \$	407.81		

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\$

*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 C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Enmeier for City Council 2022

						No. Occupantion and some	
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)
08/31/2022	Maia Meunier	⊠IND □COM □OTH □PTY □SCC	Unemployed N/A	Campaign Walking Flyers	273.99	306.80	306.80 G 22
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	ditional information on appropriately labe	led continuati	on sheets.	SUBTOTAL \$	273.99		

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 681.80

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

3. Total nonmonetary contributions received this period.

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

681.80 SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

*Contributor Codes



Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA	160
from	07/01/2022	FORM	400
through _	09/24/2022	Page19	of23
***************************************		I.D. NUMBER	*
		1452359	

SEE INSTRUCTIONS ON REVERSE				thro	ugh	Page	of
NAME OF FILER						I.D. N	UMBER
Enmeier for City Council 2022						14523	359
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member.com	munications			escribe the payr radio airtime and p	roduction costs	alle de l'annual de l'annua
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			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 VOT voter registration WEB information technology costs (internet, e-mail)			s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
Mcintyre & Barcelona LLC 1400 N Harbor Blvd Suite 550 Fullerton, CA 92835-4126		PRO					300.00
Numero.ai 200 Spectrum Center Dr Ste 300 Irvine, CA 92618-5004		WEB					129.93
Mcintyre & Barcelona LLC 1400 N Harbor Blvd Suite 550 Fullerton, CA 92835-4126		PRO					181.00
* Payments that are contributions or independent expenditures n	nust also be summa	arized on So	chedule D.			SUBTOTAL	.\$ 610.93
Schedule E Summary			and an experience of the second				
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$ _	4332.64
2. Unitemized payments made this period of under \$100					\$ _	37.00	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	I, Column (e).)		••••	\$ _	0.00
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						4369.64	



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

CMP campaign paraphernalia/misc.

Type or print in ink. Amounts may be rounded

MBR member communications

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

CONEDULE E (CONTIN
CALIFORNIA ACO
FORM 40U
- Page 20 of 23
I.D. NUMBER 1452359

radio airtime and production costs

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Enmeier for City Council 2022 1402309

campaign consultants MTG meetings and appearances returned contributions OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations phone banks TRC candidate travel, lodging, and meals candidate filing/ballot fees POL polling and survey research staff/spouse travel, lodging, and meals fundraising events FND TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Maia Meunier Agent Payment - Yard Signs 2893.18 Numero.ai 200 Spectrum Center Dr Ste 300 WEB 88.20 Irvine, CA 92618-5004 Numero.ai 200 Spectrum Center Dr Ste 300 WEB 115.57 Irvine, CA 92618-5004 Democratic Party of Orange County Agent Payment 1475 S State College Blvd 576.25 Suite 110 Anaheim, CA 92806-5701 ID:742006 Numero.ai 200 Spectrum Center Dr Ste 300 WEB 48.51 Irvine, CA 92618-5004 SUBTOTAL \$ 3721.71 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.



Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA FORM Statement covers period 07/01/2022 from_

		through 09/24		21of23
MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resi POS postage, delivery and	ns nces earch messenger services	RAD radio airtime an RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra transfer between VOT voter registration	nd production costs outlions ers' salaries time and production cost, lodging, and meals er committees of the salaries	ame candidate/sponsor
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
Agent Bill Campaign Filing Fee	0.00	663.75	0.00	663.75
Agent Bill	0.00	172.29	0.00	172.29
SUBTOTALS	\$ 0.00\$	836.04	0.00	\$ 836.04
		INCU	RRED TOTALS \$	836,04
			.PAID TOTALS \$	0.00
			NET \$	836.04 May be a negative number
	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads CODE OR DESCRIPTION OF PAYMENT Agent Bill Campaign Filling Fee Agent Bill SUBTOTALS chedule F, Column (b) survey accrued expenses under state of the difference here and the communication of the commu	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 CODE OR DESCRIPTION OF PAYMENT Agent Bill Campaign Filing Fee O.00 Agent Bill O.00 Chedule F, Column (b) subtotals for accrued expenses under \$100.) adule F, Column (c) subtotals for payments on accrued expenses under \$100.) are the difference here and	Substituting the payment, you may enter the code. Otherwise, describe the MBR member communications MTG meetings and appearances OFC office expenses SAL campaign work TEL t.v. or cable air TRC candidate trave phone banks TRC candidate trave professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT DITERTION OF PAYMENT	I.D.NU 14523 Ist the payment, you may enter the code. Otherwise, describe the payment. IMER member communications meetings and appearances office expenses office expenses PCF office expenses PET petition circulating TEC campaign workers' salaries PCDL poling and survey research postage, delivery and messenger services professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT CODE OR DESCRIPTION OF PAYMENT Agent Bill Campaign Filing Fee O.00 SUBTOTALS O.00 SUBTOTALS O.00 SUBTOTALS O.00 SUBTOTALS O.00 SUBTOTALS O.00 INCURRED TOTALS O.00 Chedule F, Column (b) subtotals for accrued expenses under \$100.) INCURRED TOTALS O.00 INCURRED TOTALS O.00 INCURRED TOTALS O.00 Chedule F, Column (c) subtotals for payments on payments on accrued expenses under \$100.) PAID TOTALS OR THIS PERIOD INCURRED TOTALS O.00 PAID TOTALS O.00 PAID TOTALS ONER \$ O.00 O.00

Direct File

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

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

Statement covers period **CALIFORNIA** 07/01/2022 **FORM** from

09/24/2022 through Page

I.D. NUMBER

23

1452359

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Democratic Party of Orange County

SEE INSTRUCTIONS ON REVERSE

Enmeier for City Council 2022

NAME OF FILER

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

OMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations PHO phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals **FND** fundraising events POL polling and survey research TRS POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)*

professional services (legal, accounting) voter registration **LEG** legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

* 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
Political Data Inc. 12501 Imperial Hwy # 200 Norwalk, CA 90650-8352	WEB		576.25

* 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.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

576.25

TOTAL* \$

Direct File

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

Type or print in Ink.

Amounts may be rounded to whole dollars.

State	ment covers period	CALLEGRA
from	07/01/2022	CALIFORN FORM
	00/24/2022	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Enmeier for City Council 2022

THOUGH 09/24/2022

Page 23 of 23

I.D. NUMBER
1452359

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Maia Meunier

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions campaign consultants MTG meetings and appearances office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND professional services (legal, accounting) voter registration legal defense PRO VOT PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

^{*} 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
COGS South Signs 3309 S Main St Santa Ana, CA 92707-4406	CMP		1446.59
COGS South Signs 3309 S Main St Santa Ana, CA 92707-4406	СМР		1446.59
Press Print, Inc. 5085 Mission Hills Dr Banning, CA 92220-6462	CMP		172.29

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

3065.47





^{*} 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.

	8			
	£			