

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

CITY OF DANAPPOINT

2018 OCT 26 P 1:48

Page _____ of 10

For Official Use Only

RECEIVED

CITY CLERK DEPARTMENT

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2018

through 10/20/2018

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

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

☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1407419

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Taxpayer Protection PAC

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2018
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____

By _____

By _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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 <u>01/01/2018</u> through <u>10/20/2018</u>		CALIFORNIA FORM 460
		Page <u>3</u> of <u>10</u>
NAME OF FILER Taxpayer Protection PAC		I.D. NUMBER 1407419

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayer Protection PAC

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>5,100.00</u>	\$ <u>5,100.00</u>
2. Loans Received	Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>5,100.00</u>	\$ <u>5,100.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5,100.00</u>	\$ <u>5,100.00</u>

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>1,249.94</u>	\$ <u>1,249.94</u>
7. Loans Made	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1,249.94</u>	\$ <u>1,249.94</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>3,988.50</u>	<u>3,988.50</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>5,238.44</u>	\$ <u>5,238.44</u>

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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts	Column A, Line 3 above	<u>5,100.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0.00</u>
15. Cash Payments	Column A, Line 8 above	<u>1,249.94</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,850.06</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>3,988.50</u>

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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 01/01/2018

through 10/20/2018

CALIFORNIA
FORM 460

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1407419

Taxpayer Protection PAC

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)
09/11/2018	Dana Point Taxpayers Association (ID# 1380834) [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 5,000.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 5,000.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,100.00

*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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from 01/01/2018	through 10/20/2018	
Page 5 of 10		I.D. NUMBER
		1407419

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayer Protection PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	Dan Bane City Council Member San Clemente	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	299.98	299.98	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/09/2018	Jamey Federico City Council Member Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate	100.00	100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/19/2018	Laura Ferguson City Council Member San Clemente	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	299.98	299.98	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				699.96		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 2,799.93
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$ 2,799.93**

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>01/01/2018</u> through <u>10/20/2018</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>10</u>		
NAME OF FILER Taxpayer Protection PAC		I.D. NUMBER 1407419

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2018	Joe Jaeger City Council Member Dana Point District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	200.00	533.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/18/2018	Joe Jaeger City Council Member Dana Point District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	200.00	533.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/19/2018	Joe Jaeger City Council Member Dana Point District: 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	133.33	533.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/19/2018	Gene James City Council Member San Clemente	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	299.98	299.98	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				833.31		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>01/01/2018</u> through <u>10/20/2018</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>10</u>		
NAME OF FILER Taxpayer Protection PAC		I.D. NUMBER 1407419

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	Mark McGinn City Council Member Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	133.33	133.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/09/2018	Joe Muller City Council Member Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate	100.00	100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/09/2018	Charles Payne City Council Member Dana Point District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	400.00	933.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/12/2018	Charles Payne City Council Member Dana Point District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	200.00	933.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
SUBTOTAL \$				833.33		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	10/20/2018	Page <u>8</u> of <u>10</u>

NAME OF FILER

I.D. NUMBER

Taxpayer Protection PAC

1407419

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2018	Charles Payne City Council Member Dana Point District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	200.00	933.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/19/2018	Charles Payne City Council Member Dana Point District: 3	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CMP - Email Blasts	133.33	933.33	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/09/2018	Richard Viczorek City Council Member Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Slate	100.00	100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				433.33		

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2018	
through	10/20/2018	Page 9 of 10
NAME OF FILER		I.D. NUMBER
Taxpayer Protection PAC		1407419

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayer Protection PAC

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
Latino Family VG (ID# 1386464) [REDACTED]	LIT	LIT		899.94
United Taxpayers of Orange County (ID# 1285728) [REDACTED]	IND	LIT		300.00

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

SUBTOTAL \$ 1,199.94

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,199.94
2. Unitemized payments made this period of under \$100	\$ 50.00
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 \$ 1,249.94

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from 01/01/2018 through 10/20/2018	CALIFORNIA FORM 460
Page 10 of 10	I.D. NUMBER 1407419

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayer Protection PAC

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 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
Liberty Lab Inc [REDACTED]	IND CMP - Email Blasts	0.00	3,988.50	0.00	3,988.50

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

SUBTOTALS \$ 0.00\$ 3,988.50\$ 0.00\$ 3,988.50

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 \$** 3,988.50
- 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 \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 3,988.50
May be a negative number