Ca	ecipient Committee ampaign Statement	Statement covers pe	orland		EIVED Stamp	CALIFOR FORM	
C	over Page	from10/18/20 through12/31/20	020	CITY OF	2 PM 3: 11 DANA POINT 'S DEPARTMENT	Page 1	of
1.	Type of Recipient Committee: All Committee X Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	es - Complete Parts 1, 2, 3, and 4 Primarily Formed Ballot Measu 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)		Statement dd-Year Report	
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COM Michael Villar For Dana Point City Counc			Treasurer(s) NAME OF TREASURER Norm L. Heidner MAILING ADDRESS			
	CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
4.	Verification I have used all reasonable diligence in prepar complete. I certify under penalty of perjury under penalty of penalty		California that the fo	of my knowledge the information continue of Controlling Officeholder, Candidate, State M Signature of Controlling Officeholder, Candidate, State M Signature of Controlling Officeholder, Candidate, State M	leasure Proponent or Responsible andidate, State Measure Propone	e Officer of Sponsor ent	ules is true and

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Recipient Committee Campaign Statement Cover Page - Part 2

	COVER PAGE - PART 2									
CALIF FO	ORNI/ RM	^A Z	160							
Page _	2	of _	14							

5. Officeholder or Candidate Controlle			6. Primarily Formed Ballot Measure Committee							
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE						
Michael Villar							•			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER	R (F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	·	□ SUPP	PORT		
City Council Member Dana Poir	t						OPPC	OSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	r) CITY	STATE	ZIP							
				Identify the controlling	officeholder,	, candidate, or state m	easure proponent, if any.	!.		
				NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	OPONENT				
Related Committees Not included in this 5										
not included in this statement that are controlled by or make expenditures on behalf of your candidacy	you or are primarily	y formed to receive	contributions	OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF ANY			
COMMITTEE NAME	· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER	₹			······································				
		1								
NAME OF TREASURER		CONTROLL	ED COMMITTEE?	7. Primarily Formed (Candidate/Of	ficeholder Committee	List names of			
		YES	□ NO	officeholder(s) or candid			arily formed.			
COMMITTEE ADDRESS STRE	ET ADDRESS (NO F	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	FID I C			
				TARRE OF OFFICE PERCENCION	O' A' D' D' A' L	G. F. IGE GOOD. III GIKTI	SUPPO			
CITY	STATE	ZIP CODE	AREA CODE/PHONE				total total	7SE		
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	ILI SUPPL			
COMMITTEE NAME		I.D. NUMBER	R				OPPOS)SE		
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	ELD SUPPO	ORT		
NAME OF TREASURER		CONTROLL	ED COMMITTEE?				OPPOS			
		YES	NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HI	ELD Gumas			
COMMITTEE ADDRESS STRE	ET ADDRESS (NO F	PO BOX)	-				SUPPO			
Omitar recreasing of the	LI ADDITION (NO F	.0. 50/1,					LJ OPPOS	<i></i>		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

through

10/18/2020

12/31/2020

from

CALIFORNIA

SUMMARY PAGE

3 of 14

FPPC Form 460 (Jan/2016)

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FPPC Advice: advice@fppc.ca.gov (868/275-3772)

NAME OF FILER Michael Villar For Dana Point City Council 2020					I.D. NUMBER	142753	15
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 100.00	\$	Column B CALENDAR YEAR TOTAL TO DATE 6,275.00	Calendar Year Su Running in Both t General Elections	he State P		
2. Loans ReceivedSchedule B, Line 3	.00		.00	1/1 th	rough 6/30	7/1	I to Date
3. SUBTOTAL CASH CONTRIBUTIONS	100.00	\$	6,275.00	20. Contributions \$.00	\$.00
4. Nonmonetary Contributions Schedule C, Line 3	.00		.00				
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$	100.00	\$	6,275.00	21. Expenditures \$.00	. \$.00
Expenditures Made				Expenditures Lim	it Summar	y for S	tate
6. Payments Made Schedule E, Line 4	\$402.45	\$	4,283.95	Candidates			
7. Loans Made	.00		.00		lative Expendit o Voluntary Exper		
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	402.45	\$	4,283.95	(ii Gazyooc a	, voidinary Expor		,
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	.00		.00				
10. Nonmonetary Adjustment	00	_	.00	Date of Election (mm/dd/yy)		Total to I	Date
11. TOTAL EXPENDITURES MADE	\$402.45	\$	4,283.95		\$		
Current Cash Statement			culate Column B,		\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	2,293.50		mounts in Column ne corresponding				
13. Cash Receipts	100.00		nts from Column B				
14. Miscellaneous Increases to Cash Schedule I, Line 4	50.00	amou	nts in Column A may		\$		
15. Cash Payments	402.45	should	be subtracted from		\$		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	2,041.05	•	us period amounts. If the first report being				
If this is a termination statement, Line 16 must be zero.			or this calendar year, arry over the amounts				
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	\$		ines 2, 7, and 9 (if	*Amounts in this section n reported in Column B.	nay be different	from amo	ounts
Cash Equivalents and Outstanding Debts							
18. Cash Equivalents See instructions on reverse \$.00			1			

.00

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$_

Scheaule	• A	Amo	ounts may be rounded				SCHEDULE A	
Monetary	Contributions Received		to whole dollars.	Statement covers 10/18/	period 2020	CALIFORNIA 460		
SEE INSTRUCT	TONS ON REVERSE			through12/31/3	2020	Page _	4 of14	
NAME OF FILE					I.D. NUMBE	R		
Michael Villa	ar For Dana Point City Council 2020						1427535	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	Lori Smith	⊠ IND	Communication Director	100.00	100	0.00		
10/22/2020		COM OTH PTY SCC	Whataburger, Inc.		I		100.00 G-2020	

Schedule A Summary			* Contributor Codes
1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) — — — — — — — — — — — — — — — — — — —	\$ _	100.00	IND - Individual
Amount received this period - unitemized monetary contributions of less than \$100	\$ _	.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TAL \$_	100.00	PTY - Political Party SCC - Small Contributor Committee
SUBTO	TAL\$	100.00	

NAME OF FILER Michael Villar For Dana Point City Council 2020			ld. Number 1427535
FORM	REFERENCE	NOTES	
F460 Sch A	A-66 Lori Smith 10/22/2020	Additional Contribution Information: Max \$810	

Schedule B - Part 1 Loans Received	Amounts may be rounded to whole dollars.			Statement cove	rs period 18/2020	SCHEDULE B-PART CALIFORNIA FORM 5000		
SEE INSTRUCTIONS ON REVERSE					nom	31/2020		_ of
NAME OF FILER Michael Villar For Dana Point City Cou	ncil 2020						I.D. NUMBER 1427	535
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 FORGIVEN THIS PERIOD *	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	

	 	/ ** -1	. /->
SUBTOTALS \$	\$ \$	\$	
Enter the net here and on the Summary Page, Column A, Line 2	(May be	a negative number)	
3. Net change this period. (Subtract Line 2 from Line 1.)	 NET \$.00	PTY - Political Party SCC - Small Contributor Committee
(Total Column (c) plus loans under \$100 paid or forgiven) (Include loans paid by a third party that are also itemized on Schedule A.)			(other than PTY or SCC) OTH - Other (e.g., business entity)
2. Loans paid or forgiven this period	 · Ψ	·············	COM - Recipient Committee
	e	.00	IND - Individual
(Total Column (b) plus unitemized loans of less than \$100.)			* Contributor Codes
1. Loans received this period	 \$.00	

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

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

Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Schedule B Summary

Schedule B - Part 2 Loan Guarantors			CALIFORNIA 46				
OFF INCTRICTIONS ON DEVERSE				through1	2/31/2020	Page7	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael Villar For Dana Point City Council 2020						I.D. NUMBER 14275	i35
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	•	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND		ι	ENDER		CALENDAR DATE \$ PER ELECTION	
	□ COM □ OTH □ PTY □ SCC			DATE		(IF REQUIRED)	
				SUBTOTA	L \$	Enter on Summary Page. Line 17 only.	

Schedule	Schedule C		Amounts may be rounded			SCHEDULE C		
Nonmone	tary Contributions Received		to whole dollars.		Stater	nent covers period 10/18/2020	CALIFORN	IA460
					from		FORM	100
					through	12/31/2020	_ Page8	_ of14
SEE INSTRUCTI	IONS ON REVERSE						I.D. NUMBER	
Michael Villa	r For Dana Point City Council 2020						1427	7535
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIP GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC					1	
		IND COM OTH PTY SCC					<u></u>	
	C Summary						* Contributor Codes	
	eived this period - itemized nonmonetary contribution Schedule C subtotals.)	itions. . – – – – -		\$	s	.00	IND - Individual	
	ceived this period - unitemized nonmonetary contr	ibutions of less t	than \$100		S	.00	COM - Recipient Co (other than F OTH - Other (e.g., b	TY or SCC)
3. Total nonm (add Lines 1	conetary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Lines	4 and 10.)	TOTAL \$.	.00	PTY - Political Party SCC - Small Contrib	
		-	•	9	RIPTOTAL S	e		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees		Amounts may to whole	y be rounded dollars.	Statement covers period from			CALIFORNIA FORM Page 9 of 14	
NAME OF FILER Michael Villa	R ar For Dana Point City Council 2020						I.D. NUMBER 1427535	
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	CALE	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	LE D SUMMARY ontributions and independent expenditures made this per	iod. (Include all Sche	dule D subtotals.)				\$.00
2. Unitemized	d contributions and independent expenditures made this p	period of under \$100					\$.00
3. Total contr	ributions and independent expenditures made this period.	(Add Lines 1 and 2.	Do not enter on the St	ummary P	age.)		_ TOTAL \$.00

SUBTOTAL \$

Schedule !	Ε
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

	from	ent covers period 10/18/2020	CALIFORNIA 460
	through _	12/31/2020	Page10 of14
L_			I.D. NUMBER 1427535

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michael Villar For Dana Point City Council 2020

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB Information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Heidner Computer Services	PRO	Accounting	157.50
Heidner Computer Services	PRO	Accounting	73.55
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.))		\$231.05
2. Unitemized payments made this period of under \$100			\$
3. Total interest paid this period on loans. (Enter amount from Schedule B	, Part 1, Columi	ı (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here an	d on the Summ	ary Page, Column A, Line 6.)TOTAL	\$402.45
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL\$	231.05

Schedule F	Amounts may							SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole	dollars.	State	ment covers	period	CALIE	ORNI	4 4 0 0
, , ,			from	10/18/			RM	460
OFF INOTRICATIONS ON DESCRIPTION			through	12/31/	2020	Page	11	of <u>14</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUME	ER	
Michael Villar For Dana Point City Council 2020							14275	35
CODES: If one of the following codes accurately describes the	e payment, you may o	enter the code. Other	rwise, des	cribe the p	payment.			
CMP campaign paraphernalia/misc.	MBR member commu	nications	R	AD radio airt	ime and produc	tion costs		
CNS campaign consultants	MTG meetings and ap	pearances		FD returned				
CTB contribution (explain nonmonetary)*	OFC office expenses				ı workers' salari			
CVC civic donations	PET petition circulating	9			ole airtime and p			
FIL candidate filing/ballot fees	PHO phone banks				e travel, lodging			
FND fundraising events	POL polling and surve				use travel, lodgi			
IND Independent expenditure supporting/opposing others (explain)*		and messenger services			etween commit	tees of the	same cand	idate/sponsor
LEG legal defense		vices (legal, accounting)		OT voter reg				
LIT campaign literature and mailings	PRT print ads		٧	/EB informati	on technology o	costs (inter	net, e-mail)	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCI BEGINNING OF THIS PERIO		(b) T INCURRED S PERIOD	(c) AMOUNT PAID PERIOD (AI REPORT OI	LSO		(d) DING BALANCE A OF THIS PERIOD
					ļ			
SCHEDULE F SUMMARY								
Total accrued expenses incurred this period. (Include all Schedule F, C	olumn (b) subtotals for							
accrued expenses of \$100 or more, plus total unitemized accrued expe	nses under \$100.)				NCURRED TO	OTALS \$.00
2. Total accrued expenses paid this period. (Include all Schedule F, Colum accrued expenses of \$100 or more, plus total unitemized payments on					PAID TO	OTALS \$	i	.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference		•						

SUBTOTALS \$

\$

____ NET \$

\$

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

on the Summary Page, Column A, Line 9.)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 10/18/2020 through 12/31/2020	CALIFORNIA 460 FORM Page 12 of 14
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
Michael Villar For Dana Point City Council 2020			1427535
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes the	e payment, you may enter the code. Othe	rwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and product	tion costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and p TRC candidate travel, lodging	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and survey research	TRS staff/spouse travel, lodging	<u>-</u>
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		tees 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 of	costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	RIPTION OF PAYMENT	AMOUNT PAID

TOTAL *\$

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

^{**} 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.

Schedule H		Атпа	ounts may be rounde	d _				SCHEDULE H
Loans Made to Others*			to whole dollars.	Γ	Statement cove	ers period	CALIFORNIA	160
					from10/	18/2020	FORM	460
					through12/	31/2020	Pege 13	. of <u>14</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Michael Villar For Dana Point City Cou	ncil 2020						1427	535
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMEN OR FORGIVENE THIS PERIOD	SS BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$ FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	

SUBTOTALS \$	\$ \$	\$

	ncreases to Cash	nay be rounded ble dotlars.	Staten from	10/18/2020 12/31/2020	CALIFORNIA 4 FORM	60 4
SEE INSTRUCTIONS ON R NAME OF FILER Michael Villar For Da	ina Point City Council 2020				I.D. NUMBER 1427535	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCR	RIPTION OF RE	CEIPT	AMOUNT OF INCREASE TO CASH	

Schedule I Summary 1. Itemized increases to cash this period		.00
2. Unitemized increases to cash of under \$100 this period		
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	50.00
		SUBTOTAL \$