

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u> </u>
	For Official Use Only

Statement covers period from <u>07/01/20</u> through <u>09/19/20</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/20</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <small>(Also Complete Part 5)</small> | <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

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

Christine David for Atherton Town Council 2020

STREET ADDRESS (NO P.O. BOX)

STATE	ZIP CODE	AREA CODE/PHONE
CA	94027	
NO. AND STREET OR P.O. BOX		

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

christinedavid@Christine4Council2020.com

Treasurer(s)

NAME OF TREASURER

John P Davey

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Atherton	CA	94027	

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 and belief the information furnished hereon and the 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 <u>9/24/20</u> Date	By _____ Signature
Executed on <u>9/24/20</u> Date	By _____ Signature
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christine David

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Town of Atherton Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Atherton CA 94027

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

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 03/01/20 through 09/19/20

CALIFORNIA FORM **460**

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I.D. NUMBER 1428872

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Christine David for Atherton Town Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 760.00	\$ 760.00
2. Loans Received.....	Schedule B, Line 3 \$ 5,000.00	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 5,760.00	\$ 5,760.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 5,760.00	\$ 5,760.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 11,520.00	\$ 11,520.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 7,298.19	\$ 7,298.19
7. Loans Made.....	Schedule H, Line 3 \$ 7,298.19	\$ 7,298.19
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 14,596.38	\$ 14,596.38
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 14,596.38	\$ 14,596.38

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 5,000.00
13. Cash Receipts.....	Column A, Line 3 above 760.00
14. Miscellaneous Increases to Cash.....	Schedule J, Line 4 7,298.19
15. Cash Payments.....	Column A, Line 8 above 14,596.38
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ -1,538.19

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

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

Cash Equivalents and Outstanding Debts

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

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from 07/01/20
through 09/19/20

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Christina David for Alhambra Town Council 2020

I.D. NUMBER
1428872

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20	Don Faldiano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	50. ⁰⁰	50. ⁰⁰	
9/20	Michelle Olsen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthodontist	100. ⁰⁰	100. ⁰⁰	
9/20	Rodriguez Ferrando	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	real estate	50. ⁰⁰	50. ⁰⁰	
9/15	Florencia Gonzalez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret.	300. ⁰⁰	300. ⁰⁰	
9/15	Marilee Gardner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ret	250. ⁰⁰	250. ⁰⁰	
SUBTOTAL \$				760.⁰⁰	766.⁰⁰	

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 760.⁰⁰

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 \$** 760.⁰⁰

*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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/20
through 09/19/20

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NAME OF FILER
Christine David for Ahwahaton Teen Council 2020

I.D. NUMBER
14228872

Lender	Lender Type	Occupation and Employer	Outstanding Balance	Amount Received	Amount Paid or Forgiven	Outstanding Balance at Close	Interest Paid	Original Amount of Loan	Calendar Year	Calendar Year
Christine & David	<input checked="" type="checkbox"/> IND	Self-employed	\$	\$ 5,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5,000.00	%	\$ 5,000.00	2020	2020
	<input type="checkbox"/> IND		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$		
	<input type="checkbox"/> IND		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$		
SUBTOTALS			\$	\$	\$	\$	\$	\$		

Schedule B Summary

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 00.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 5,000.00
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.

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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Christina Donald for Ahwahon Teen Council 2020

Statement covers period
from 01/01/20
through 02/10/20

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I.D. NUMBER
1428872

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
<u>8/18</u>	<u>Mr. John P. Davely</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Ret.</u>	<u>Notes registration</u> <u>11/20</u>	<u>\$125.00</u>	<u>\$125.00</u>	
				SUBTOTAL \$		<u>125.00</u>	

125.00

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 125.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ —
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 125.00

*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

**chedule E
ments Made**

Amounts may be rounded
to whole dollars.

STRUCTIONS ON REVERSE
FILER

Statement covers period
from 02/01/20
through 09/19/20

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SCHEDULE E

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

- campaign paraphernalia/misc.
- campaign consultants
- contribution (explain nonmonetary)*
- ivite donations
- candidate filing/ballot fees
- undraising events
- ndependent expenditure supporting/opposing others (explain)*
- egal defense
- ampaign 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 tv 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
- VOI 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
Google Suite 1600 Amphitheater Parkway Mountain View, CA	OFC		G Suite Associated cost	12.00
Staffers 700 El Comodoro Road Menlo Park, CA 94025	OFC		Office Supplies	477.32
Kiana Delapach	CMP		Campaign Photographs	300.00
SUBTOTAL \$				789.32

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

chedule E Summary

ized payments made this period. (Include all Schedule E subtotals.) \$ _____

emized payments made this period of under \$100 \$ _____

il interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____

il payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM 460

Statement covers period
from 02/01/20
through 09/19/20

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Christine David for Attorney Town 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 tv, 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
<u>Zoom Video Communications 55 Alameda Blvd, 6th Fl. San Jose, CA 95113</u>	<u>MTG</u>		<u>Zoom meeting services</u>	<u>299.80</u>
<u>Zoom Video Communications 55 Alameda Blvd, 6th Fl. San Jose, CA 95113</u>	<u>MTG</u>		<u>Zoom Bank</u>	<u>149.90</u>
<u>Mail Group order # WCL14159169</u>	<u>LIT</u>		<u>web service mail</u>	<u>29.99</u>
SUBTOTAL \$				<u>479.69</u>

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 07/01/20
through 09/19/20

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I.D. NUMBER
1428872

Christine David for District Team 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
- VOI 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
SITE Ground 901 W. Pitt St, Suite 325 Alexandria, VA 22314	LT		Web site hosting	83.88
Signs on the quad 1150 Stonehollow Dr, Suite 160 Austin, TX 78758	LT		yard sign promos	629.30
Embroided media 450 Cambridge Palo Alto, CA	PRT		on-line advertisements	2,191.00
SUBTOTAL \$				2,904.18

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E
CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Christine David for Alhambra Town Council 2020

Statement covers period
from 07/01/20
through 09/10/20

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1428872

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
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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
<i>Mr. Jason Rivera - College Intern Web c/o Marquette University 1850 W Wisconsin Ave. Milwaukee, WI 53233</i>	<i>WEB</i>		<i>web development for campaign website</i>	<i>\$ 1,500.00</i>
<i>Mr. Zhongni Li - College Intern Web c/o Marquette University 1850 W Wisconsin Ave Milwaukee, WI 53233</i>	<i>WEB</i>		<i>web development for campaign website</i>	<i>\$ 1,500.00</i>
SUBTOTAL \$				3,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 7,298.19
2. Unitemized payments made this period of under \$100 \$ 125.87
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 \$** 7,424.06