Scotto (2010) Mayor
Form 460 First Pre-Election Campaign Statement
1/1/2010 – 3/18/2010

City of Torrance

FPPC CAMPAIGN DISCLOSURE STATEMENT

Frank Scotto
1750 W. 223rd Street
Torrance, CA 90501
310 212.6751
[redacted]

Office Sought: **Mayor**, Torrance **2010**
Committee ID #: **1322418**
Name of Committee:
Re-Elect Frank Scotto for Mayor
Treasurer: Cindy Scotto

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DISCLAIMER: The information contained in these pages is information as submitted by the candidates to the City Clerk as required by the Political Reform Act of 1974 (amended). The City Clerk does not certify the accuracy of any information contained in these pages.

The City Clerk reserves the right to modify, update, change or make improvements at any time, without notice, and assumes no liability for damages incurred directly or indirectly as a result of errors, omissions or discrepancies.

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FORM	PERIOD COVERED	DATE DUE	DATE FILED
Form 501 Candidate Intention Statement Mayor 2010	2010 General Municipal Election	N/A	10/21/2009
Form 410 Copy Statement of Organization	2010 Municipal Election	N/A	10/21/2009
Form 410 (Copy) Copy - Initial Statement of Organization from Secretary of State	2010 Municipal Election	N/A	11/23/2009
Form 460 Semi Annual Campaign Statement	2010 Municipal Election	1/31/2010	1/26/2010
Form 410 Copy – Amendment adding bank account Statement of Organization	2010 Municipal Election	N/A	3/3/2010
Form 460 First Pre-Election Campaign Statement	1/1/10 – 1/18/2010	3/22/10	3/22/10

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

Date Stamp: RECEIVED 2010 MAR 22 PM 3:07

CALIFORNIA 2001/02 FORM **460**

Page 1 of 10

For Official Use Only

Statement covers period from 1-1-10 through 3-18-10

Date of election if applicable: (Month, Day, Year) June 8, 10

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

- [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
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [X] 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: 1322415

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

Re-elect FRANK SCOTTO 2010

STREET ADDRESS (NO P.O. BOX)

1750 W. 223 ST.

CITY: Torrance STATE: Ca ZIP CODE: 90501 AREA CODE/PHONE: (310) 212-6751

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONA[redacted]

Treasurer(s)

NAME OF TREASURER: Cindy Scotto

MAILING ADDRESS: 1750 W. 223 ST.

CITY: Torrance STATE: Ca ZIP CODE: 90501 AREA CODE/PHONE: 310 212-6751

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 3-18-10 (Date) By [redacted]

Executed on 3-18-10 (Date) By [redacted] Sign Responsible Officer of Sponsor

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

FRANK Scotto

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

MAyor City of TORrance

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

1750 W 223 ST TOR CA 90501

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

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

SUMMARY PAGE

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Re-elect FRANK SCOTTO 2010

I.D. NUMBER 1322415

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1384.99	$ 1384.99
2. Loans Received	Schedule B, Line 3	500.00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1434.99	$ 1434.99
4. Nonmonetary Contributions	Schedule C, Line 3	-	-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1434.99	$ 1434.99

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	$ 1279.17	$ 1279.17
7. Loans Made	Schedule H, Line 3	-	-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1279.17	$ 1279.17
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-	-
10. Nonmonetary Adjustment	Schedule C, Line 3	-	-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1279.17	$ 1279.17

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ -
13. Cash Receipts	Column A, Line 3 above	1434.99
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-
15. Cash Payments	Column A, Line 8 above	1279.17
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 13070.82

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 $ ____

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ ____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 500.00

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-elect FRANK SCOTTO 2010

I.D. NUMBER
1322415

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)
2/5/10	MARTIN Chevrolet 23505 Hawthorne Tor 90505	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1000 00	1000 00	
2/5/10	SURF MANAGEMENT 357 VAN NESS WAY #100 TOR 90501	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1000 00	1000 00	
2/5/10	ARUN BHUMITRA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self ARJAYS	100 00	100 00	
2/5/10	SANDRA MONDA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500 00	500 00	
2/24/10	Peter DONNELLAN [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self Real Esti	100 00	100 00	
			SUBTOTAL $	2700		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ..... $ 13650 00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 199 99
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 13849 99

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

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NAME OF FILER
Re-elect FRANK Scotto 2010

I.D. NUMBER
1322415

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)
2/24/10	Robert VAN LINGEN [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Self-Pres. VAN LINGEN TOWING	500.00	500.00	
2/24/10	PERVAIZ Lodhie [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	LEDTRONICS INC. ENGINEER	1000.00	1000.00	
2/24/10	AKIMASA YONEDA [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	KINTETSU ENT. Pres.	1000.00	1000.00	
2/24/10	CRAIG LEACH [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	CEO TMH	100.00	100.00	
2/24/10	Pioneer Theater 2500 RBB TOR 90504	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1000.00	1000.00	
			SUBTOTAL $	3600.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

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NAME OF FILER
Re-elect FRANK SCOTTO 2010

I.D. NUMBER
1322415

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)
2/24/10	WILLIAM WARNICK [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Radium OPEN Air Market	1000.00	1000.00	
2/24/10	LUMINIT INC 1850 W 205 Torr 90501	☐IND ☒COM ☐OTH ☐PTY ☐SCC		100.00	100.00	
2/24/10	Scott Douglas [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	SELF FINANCE	1000.00	1000.00	
2/24/10	John Papadakis [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	
2/24/10	Michael Hunn [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	LCM CEO	500.00	500.00	
			SUBTOTAL $	2850		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

NAME OF FILER
Re-elect FRANK SCOTTO 2010

I.D. NUMBER
1322415

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)
2/24/10	DR. LAURENCE EASON [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Administrator CMO LCM	250.00	250.00	
2/24/10	FISHER JEFF [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Hospital Assoc Admin LCM	250.00	250.00	
3/12/10	WILLIAM FLEISCHMAN [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	OWNER ROADIUM	1000.00	1000.00	
3/12/10	RALPH MARTIN [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Torrance Flute Bank Pres	1000.00	1000.00	
3/12/10	ALAN SCHWARTZ [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ASSET MANAGEMENT Solutions Pres	500.00	500.00	
			SUBTOTAL $	3000		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 1-1-10
through 3-18-10

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NAME OF FILER
Re-elect FRANK Scotto 2010

I.D. NUMBER
1322415

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)
3/12/10	ADVANCED Electronics 2601 MBB RB 90278	☐IND ☒COM ☐OTH ☐PTY ☐SCC		250 00	250 00	
3/12/10	Gerber Ambulance P.O. BOX 3487 TOR 90570	☐IND ☒COM ☐OTH ☐PTY ☐SCC		1000 00	1000 00	
3/12/10	STEFAN WOLOWICZ [redacted]	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ZDONEK + WOLOWICZ President	250 00	250 00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	1500		

*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

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

SCHEDULE B - PART 1

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-elect FRANK SCOTTO 2010

I.D. NUMBER
1322415

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
FRANK SCOTTO 1750 W. 223 ST TOR 90501 † [X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Pres Mighty Transport Inc.	$	$ 500	[ ] PAID $ [ ] FORGIVEN $	$ 500.00 DATE DUE	0 % RATE $	$ DATE INCURRED	CALENDAR YEAR $ 500.00 PER ELECTION ** $
† [ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		$	$	[ ] PAID $ [ ] FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
† [ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC		$	$	[ ] PAID $ [ ] FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
		SUBTOTALS $ 500	$	$	$			

Schedule B Summary

1. Loans received this period ..... $ 500.00
   (Total Column (b) plus unitemized loans of less than $100.)
   (Enter (e) on Schedule E, Line 3)
2. Loans paid or forgiven this period ..... $
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 500.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

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

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

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period
from 1-1-10
through 3-18-10

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-elect FRANK SCOTTO 2010

I.D. NUMBER
1322415

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
Personally Done 40730 W. WALKER WAY MARICOPA AZ. 85138	LIT			522 00
ALLEGRA PRINTING 1419 Santa Fe LB Ca 90813	LIT			357 17
City of TORRANCE 3031 Torrance Torrance 90503			CAMPAIGN STATEMENT Fee	400 00

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

SUBTOTAL $ 1279 17

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1279 17
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1279 17