Design and Open with a s		_		COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2024 06/30/2024 through 07/01/2024	Date of election if applicable: (Month, Day, Year)		Page 01 of 05 For Official Use Only JUL31'24AM11:57 CITY OF MERCED
1. Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     (Also Complete Part 5)     General Purpose Committee     Sponsored     Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored New Complete Part 6) Primarily Formed Candidate/ Officeholder Committee New Complete Part 7)	<ul> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement (Also file a Form 410 Te</li> <li>Amendment (Explain be</li> </ul>	rmination)	arterly Statement ecial Odd-Year Report
3. Committee Information	D. NUMBER 450741	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Fue Xiong for Merced City Council 2022		Cha Xiong MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)			STATE ZIP	CODE AREA CODE/PHONE
			STATE 21	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	< compared with the second sec	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
- 14 14 14				

## 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 Jaws of the State of California that the foregoing is true and correct.

Executed on	By	_
Executed on 07/31/2024	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or 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	

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## Recipient Committee Campaign Statement Cover Page — Part 2



## 5. Officeholder or Candidate Controlled Committee

NAME OF	OFFICEHOLDER	OR CANDIDATE
---------	--------------	--------------

Fue Xiong

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

STATE

ZIP

Merced City Council of District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY

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. NUMBE	ER
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	D NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	DX)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

COMMITTEE NAME		I.D. NUMBE	R
NAME OF TREASURER			
COMMITTEE ADDRESS	STREET ADDRESS (N		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

DFFICE 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
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

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Campaign Disclosure Statement		Amounts may be rounded				SUMMARY PAGE	
Summary Page						ement covers period	CALIFORNIA 460
, 5					from	/01/2024	FORM 400
						06/30/2024	Page_03 of
SEE INSTRUCTIONS ON REVERSE					throug		5
NAME OF FILER							I.D. NUMBER 1450741
Fue Xiong					245 T-44 Am - 163 - 164 D-164 Am	T	
Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDAR TOTAL TO E	YEAR		nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00			
2. Loans Received Schedule B. Line 3		5,000.00		0.00		1/1 t	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,000.00	\$	0.00		20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00		21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	5,000.00	\$	0.00		Made \$	\$\$
Expenditures Made						For and the set Line it.	Cummon for State
6. Payments Made Schedule E, Line 4	\$	66.00	\$	66.00		Expenditure Limit	Summary for State
7. Loans Made	*	0.00	*	0.00			
8. SUBTOTAL CASH PAYMENTS	\$	16.00	\$	16.00			ive Expenditures Made* o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00	·	0.00		Date of Election	Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00		(mm/dd/yy)	Iotar to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	66.00	\$	66.00		///	\$
Current Cash Statement						i 1	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	297.89			-		¥
13. Cash Receipts	•	5,000.00		calculate Colu d amounts in C			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		to the corresponent			may be different from amounts
15. Cash Payments Column A, Line 8 above		66.00	of	your last report	t. Some	reported in Column B.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	5,231.89		nounts in Colur negative figure			
If this is a termination statement, Line 16 must be zero.			pr	ould be subtrace evious period a	mounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	is is the first rep ed for this caler ily carry over th	dar year,	5	
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, a			
18. Cash Equivalents	\$	0.00	ar	ıy).			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	25,000.00					FPPC Form 460 (Jan/2016)
	Ŧ					FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)

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FPPC Advice: advice@fpp ,007 www.fppc.ca.gov

Schedule B - Part 1 Loans Received       Amound may be rounded to whole dolars.       Statement covers period from 01/01/2024 brough       Collection 4/600 Feet Mark of Flace Feet Mark of Mark of Flace Feet Mark of		٨٣	ounte may be re	undod				SCHED	OULE B - PART 1
Loans Received     from UIDI2024     FORM     FORM       see instructions on reverses     0.6/30/2014     through	Schedule B – Part 1	80				Statement cov	ers period	CALIFORM	1A 460
SEE INSTRUCTIONS ON REVENSE     D 6/30/2014     Page 04 or 05       NAME OF FILER     Howgh	Loans Received					from 01/01/2024			400
SEE INSTRUCTIONS ON REVERSE     through     Page 04     of 05       NAME OF FLER     LD. NUMBER     LD. NUMBER       Fur Xiong     INFORMATION AND EMPLOYER     OUTSTANDING     AMOUNT FAIL       FULL NAME, STREET ADDRESS AND ZIP GODE OF LENDER     OF COMMITCAL INTER     OUTSTANDING     AMOUNT FAIL       ground the Number of Lender     OF COMMITCAL INTER     OUTSTANDING     AMOUNT FAIL     OF STANDING     OF STANDING       ground the Number of Lender     OF COMMITCAL INTER     OF STANDING     AMOUNT FAIL     OF STANDING     OF STANDING     OF STANDING       Fue Xiong:     Engineer: Department of Toxic     Department of Toxic     20,000.00     \$ 0.00     \$ 25,000.00     \$ 0.00     DATE NULLIANSE       1 ND     COM     OTH     PTY     SCC     OUTSTANDING     S 0.00     \$ 0.00     DATE NULLIANSE       1 ND     COM     OTH     PTY     SCC     S 0.00     \$ 0.00     \$ 25,000.00     \$ 0.00     \$ 25,000.00     \$ 0.00     DATE NULLIANSE       1 ND     COM     OTH     PTY     SCC     S 0.00     \$ 0.00     \$ 25,000.00     \$ 0.00     \$ 0.00     \$ 0.00     \$ 0.00       1 ND     COM     OTH     PTY     SCC     S 0.00     \$ 0.00     \$ 0.00     \$ 0.00     \$ 0.00       State									
MARE OF FILER       LD. NUMBER         FUEL NAME, OF FREET ADDRESS AND ZIP CODE OF LENDER       OF MINOVIDUAL_ENTER BEORDANCE INTERCET ADDRESS AND ZIP CODE OF COUNTION AND EMPLOYER BEORDANCE INTERCET INTERCED ADDRESS AND ZIP CODE OF COUNTION AND EMPLOYER BEORDANCE INTERCED INTERCED INTERCED INTERCED INTERCED INTERCED BEORDANCE INTERCED INTERCED INTERCED INTERCED INTERCED INTERCED INTERCED BEORDANCE INTERCED	SEE INSTRUCTIONS ON REVERSE						10 A	Page 04	of_05
Fue Xiong     1450741       Full NAME, STREET ADDRESS AND ZIP CODE OF LENDER GO LENDER G									
FULL NAME. STREET ADDRESS AND ZIP GODE OF LENDER OF CLADER PERIOD       IF AN INDIVIDUAL. ENTER OCCUMPTION AND EMPLOYER BALANCE PERIOD       AMOUNT RECEIVED THIS DUTSTANDING PERIOD       MOUNT OUTSTANDING PERIOD       OUTSTANDING OUTSTANDING PERIOD       INTERET OUTSTANDING CLOBE OF THIS PERIOD       OUTSTANDING PERIOD								1450741	
OF LENDER       OF LENDER       BALANCE AT PERIOD       PAID THIS BALANCE AT PERIOD       ANDUNT OF DESCRIPTION       CONTRIBUTIONS TO ATE PERIOD         Fue Xiong:       Engineer: Department of Toxic Substances Control       Engineer: 20,000.00       20,000.00       25,000.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       0.00       12/31/200       0.00       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31/200       10/31	Fue xlong							1430/41	
Fue Xiong:       Engineer: Department of Toxic Substances Control       20,000.00       \$25,000.00       \$25,000.00       \$3xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	OUTSTANDING BALANCE BEGINNING THIS	AMOUNT RECEIVED THIS	AMOUNT PAIL	D OUTSTANDING N BALANCE AT CLOSE OF THIS	PAID THIS	AMOUNT OF	CONTRIBUTIONS TO DATE
Department of Toxic Substances Control       20,000.00       5,000.00       7 organes       Axec       PER ELECTON*         1 O IND COM OTH PTY SCC       3       5,000.00       5,000.00       000       12/31/20       3,000       02/10/20       3         1 O IND COM OTH PTY SCC       3       5       0.00       12/31/20       3,000       02/10/20       3       5       0.00       02/10/20       3       5       0.00       02/10/20       3       5       0.00       02/10/20       3       5       0.00       02/10/20       3       5       0.00       02/10/20       3       5       0.00       0.00       0.00       02/10/20       3       5       0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CALENDAR YEAR</td>									CALENDAR YEAR
Substances Control       \$20,000,00       \$5,000,00       \$0,00       12/31/20       \$0,00       02/10/20       \$2,000,00         12/31/20       \$0,00       02/10/20       \$2,000,00       \$2	Fue Xiong;				s_0.00	<u>\$ 25,000.06</u>	70	\$_25,000.₩	\$
\$20,000.00       \$0.00       \$2731/200       \$0.00       021/0/200       \$         \$20,000.00       \$0.00       \$0.00       \$2731/200       \$       Date incurrence       \$         \$20,000.00       \$       0.00       \$       0.00       Date incurrence       \$       \$       Date incurrence       \$       \$       Date incurrence       \$       Date incurence       \$       Date incurence<					FORGIVEN		RATE		PER ELECTION**
IND       COM       OTH       PTY       SCC       DATE INCURRED       DATE INCURRED         IND       COM       OTH       PTY       SCC       S       S       S       S       PER ELECTION*         IND       COM       OTH       PTY       SCC       S       S       DATE DUE       DATE INCURRED       S       PER ELECTION*         IND       COM       OTH       PTY       SCC       S       S       DATE DUE       S       DATE INCURRED       S       PER ELECTION*         IND       COM       OTH       PTY       SCC       S       S       S       S       PER ELECTION*         S       S       S       S       S       S       S       PER ELECTION*         S       S       S       S       S       S       PER ELECTION*       S       PER ELECTION*         S       S       S       S       S       S       S       PER ELECTION*       S       PER ELECTION*         S       S       S       S       S       S       DATE DUE       S       DATE DUE       S       DATE INCURRED       S       PER ELECTION*         Loans received this period       S       <		Substances Control	20,000.00	5,000.00	. 0.00	12/31/20	. 0.00	02/10/20	
Image: Note that the period intermized on schedule A.)       Image: Subtract Line 2 from Line 1.)       Subtract Committee         *Amounts forgiven or paid by another party also must be reported on Schedule A.       Subtract Committee       Subtract Committee       Subtract Committee         *Amo	TIND COM OTH PTY SCC		\$	>	°	DATE DUE	*	DATE INCURRED	\$
IND       COM       OTH       PTY       SCC       S       S       DATE DUE       DATE INCURRED       S         IND       IND       OTH       PTY       SCC       S       DATE DUE       DATE INCURRED       S         IND       COM       OTH       PTY       SCC       S       Image: S       S       S       S       S       S       S       S       S       S       S       S       S       PER ELECTION*       S       Image: S       S					PAID				CALENDAR YEAR
IND       COM       OTH       PTY       SCC       S       S       DATE DUE       S       DATE INCURRED       S         IND       COM       OTH       PTY       SCC       S<					\$	\$	%	\$	s
1 IND COM OTH PTY SCC       3       5       0       DATE DUE       0       DATE INCURRED       5         1 IND COM OTH PTY SCC       5       0       PAND       5       0       ATE       0       CALENDAR YEAR         1 IND COM OTH PTY SCC       5       5       0       DATE DUE       5       0       PER ELECTION*         5       5       0       DATE DUE       5       DATE DUE       5       PER ELECTION*         5       5       0       DATE DUE       5       DATE DUE       5       PER ELECTION*         5       SUBTOTALS \$ 5,000.00       0.00       \$ 25,000.00       \$ 0.00       \$ 25,000.00       \$ 0.00       \$ 25,000.00       \$ 0.00       \$ 25,000.00       \$ 0.00       \$ 25,000.00       \$ 0.00							RATE		PER ELECTION**
Image: Non-order intervention of the intervention of th									TENELEONON
IND       COM       OTH       PTY       SCC       S <td< td=""><td></td><td></td><td>\$</td><td>\$</td><td>\$</td><td>DATE DUE</td><td>\$</td><td>DATE INCURRED</td><td>\$</td></td<>			\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
IND       OTH       PTY       SCC       S       S       S       DATE DUE       S       DATE INCURRED       S         SUBTOTALS       \$ 5,000.00       \$ 0.00       \$ 25,000.00       \$ 0.00       \$ 25,000.00       S       Center (e) on Schedule E, Line 3)         Schedule B Summary       (Enter (e) on Schedule E, Line 3)       (Enter (e) on Schedule E, Line 3)       (Enter (e) on Schedule E, Line 3)         1.       Loans received this period       5,000.00       (Total Column (b) plus unitemized loans of less than \$100.)       0.00       (Enter (e) on Schedule E, Line 3)         2.       Loans paid or forgiven this period       5,000.00       (Total Column (b) plus unitemized loans of less than \$100.)       0.00       (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 \$ 5,000.00       (Other than PTY or SCC)       OTH - Other (e.g., business entify)         3.       Net change this period.       (Subtract Line 2 from Line 1.)       NET \$ 5,000.00       (May be a negative number)       (Other than PTY or SCC)         VMay be a negative number)       (May be a negative number)       (Detter (e.g., business entify)       PTY - Political Party					PAID				CALENDAR YEAR
Image: Inclusion of the image: Ima					\$	\$	%	\$	
IND       OMTE DUE       Image: Construction of the const							RATE		***
SUBTOTALS \$ 5,000.00 \$ 0.00       \$ 25,000.00 \$ 0.00       \$ 25,000.00 \$ 0.00         Schedule B Summary       (Enter (e) on Schedule E, Line 3)         1. Loans received this period					POROIVER				PER ELECTION
SUBTOTALS \$ 5,000.00 \$ 0.00       \$ 25,000.00 \$ 0.00       \$ 25,000.00 \$ 0.00         Schedule B Summary       (Enter (e) on Schedule E, Line 3)         1. Loans received this period			\$	\$	\$	DATE DUE	\$		\$
Schedule B Summary       (Enter (e) on Schedule E, Line 3)         1. Loans received this period       5,000.00         (Total Column (b) plus unitemized loans of less than \$100.)       0.00         2. Loans paid or forgiven this period       0.00         (Total Column (c) plus loans under \$100 paid or forgiven.)       0.00         (Include loans paid by a third party that are also itemized on Schedule A.)       5,000.00         3. Net change this period.       (Subtract Line 2 from Line 1.)         Enter the net here and on the Summary Page, Column A, Line 2.       5,000.00         (May be a negative number)       (May be a negative number)	IND COM OTH PTY SCC		1	1					
Schedule B Summary         1. Loans received this period         (Total Column (b) plus unitemized loans of less than \$100.)         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.)         Enter the net here and on the Summary Page, Column A, Line 2.         (May be a negative number)		5	SUBTOTALS	\$ 5,000.00	\$ 0.00	\$ 25,000.	\$ 0.00	1.196	
1. Loans received this period       \$ 5,000.00         (Total Column (b) plus unitemized loans of less than \$100.)       0.00         2. Loans paid or forgiven this period       0.00         (Total Column (c) plus loans under \$100 paid or forgiven.)       0.00         (Include loans paid by a third party that are also itemized on Schedule A.)       5,000.00         3. Net change this period.       (Subtract Line 2 from Line 1.)         Enter the net here and on the Summary Page, Column A, Line 2.       5,000.00         (May be a negative number)	Sahadula D. Summany						(Enter (e) on Sche	edule E, Line 3)	
1. Loans received this period       \$					. 5,	000.00			
<ul> <li>2. Loans paid or forgiven this period</li></ul>					\$				
(Iotal 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.)	2 Loans paid or forgiven this period	is of less than \$100.)			<b>s</b> 0.	00			s
(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.)							Committee		
3. Net change this period. (Subtract Line 2 from Line 1.)	(Include loans paid by a third party that are also itemized on Schedule A.)								
Enter the net here and on the Summary Page, Column A, Line 2.      (May be a negative number)     *Amounts forgiven or paid by another party also must be reported on Schedule A.      FDBC Form 450 (Jap /2015)	3. Net change this period. (Subtract Line 2 from Line 1.)								
*Amounts forgiven or paid by another party also must be reported on Schedule A.	Enter the net here and on the Summary Page Column A. Line 2								
*Amounts forgiven or paid by another party also must be reported on Schedule A.						(May be a negative number)	C		
EDDC Form (60 /Jon / 2016)									
	*Amounts forgiven or paid by another party also m ** If required.	iust de reported on Schedule A.						FPPC For	m 460 (Jan/2016))

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Schedule E Payments Made	Amounts may be rounded to whole dollars.	from 01/01/2024 06/39/2024	CALIFORNIA 460 FORM 05		
SEE INSTRUCTIONS ON REVERSE		through	Page of		
NAME OF FILER			I.D. NUMBER		
Fue Xiong			1450741		
CODES: If one of the following codes accurately describes the payment you may enter the code. Otherwise, describe the payment					

COL	res. If one of the following codes accurately describes	sule	payment, you may enter the code. C	file wise,	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		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		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
	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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SUBTOTAL \$ 0.00

**Schedule E Summary** 

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

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	66.00
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.)	