

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM 460

Statement covers period from <u>04/23/2017</u> through <u>05/26/2017</u>	Date of election if applicable: (Month, Day, Year) <u>05/06/2017</u>	Date Stamp Received By Town Clerk <u>5-25-17</u> Date <u>12:00pm</u> Town of Apple Valley	Page <u>1</u> of <u>13</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

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

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

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
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

ID NUMBER
1395812

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Citizens for Water Freedom, Supporting Measure P 2017

STREET ADDRESS (NO P.O. BOX)
12217 Apple Valley Rd #269

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Apple Valley</u>	<u>CA</u>	<u>92307</u>	<u>(760) 979-1307</u>

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

<u>603 E Alton Ave STE G</u>			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>	

OPTIONAL FAX / E-MAIL ADDRESS
CWFyeson@gmail.com

Treasurer(s)

NAME OF TREASURER
Lysa Ray

MAILING ADDRESS
603 E Alton Ave STE G

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>	<u>(714) 840-2293</u>

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 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 05/22/2017
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature 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

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

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? <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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Revenue Bond to purchase local water company

BALLOT NO. OR LETTER F	JURISDICTION City of Apple Valley	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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 <u>04/15/2017</u> through <u>05/31/2017</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>15</u>
	I.D. NUMBER <u>1195812</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 21,737.00	\$ 21,737.00
2. Loans Received	Schedule B, Line 3	0.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 21,737.00	\$ 26,737.00
4. Nonmonetary Contributions	Schedule C, Line 3	325.48	325.48
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 22,062.48	\$ 27,062.48

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 11,410.40	\$ 13,388.56
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 11,410.40	\$ 13,388.56
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	3,219.13	4,197.29
10. Nonmonetary Adjustment	Schedule G, Line 3	325.48	325.48
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 15,055.01	\$ 17,911.33

Expenditure Limit Summary for State Candidates	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3,021.84
13. Cash Receipts	Column A, Line 3 above	21,737.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	11,410.40
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,348.44

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

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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
Cash Equivalents and Outstanding Debts		Column B CALENDAR YEAR TOTAL TO DATE
18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 9,197.29

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	04/25/2017	
through	05/20/2017	Page 4 of 12
NAME OF FILER		I.D. NUMBER
Citizens for Water Freedom, Supporting Measure F 2017		1397812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
05/17/2017	Agio Real Estate 20440 Hwy 18 #103 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	
05/08/2017	Apple Valley Communications Inc 21845 Highway 18 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
05/09/2017	Lance Arnt 12209 Sedona Rd Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Apple Valley School District	425.00	425.00	
05/19/2017	AVUTA-PAC (ID# 971767) PO B 1425 Apple Valley, CA 92307	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
05/09/2017	Arthur Bishop 16273 Crown Valley Dr Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	420.00	420.00	
SUBTOTAL \$				7,245.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 20,737.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,000.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 21,737.00

*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**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from: 04/21/2017	through: 05/30/2017	
Page 5 of 15		I.D. NUMBER 1395812

NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

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)
05/17/2017	Rachleen Bishop 16272 Crown Valley Dr Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	391.00	391.00	
04/14/2017	Buritic Waste Industries 9880 Cherry Ave Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,400.00	
05/19/2017	Buritic Waste Industries 9880 Cherry Ave Fontana, CA 92335	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	5,800.00	
05/17/2017	CP Express 19159 Catalina Rd Apple Valley, CA 92308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	5,900.00	
05/08/2017	CDEP LLC 22355 Pawhatan Rd Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	6,300.00	
SUBTOTAL \$				6,291.00		

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page 5 of 19

NAME OF FILER Citizens for Water Freedom, Supporting Measure P 2017	I.D. NUMBER 1395812
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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)
05/12/2017	Charles Abbott Associates 27401 Los Altos #22C Mission Viejo, CA 92691	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		425.00	425.00	
05/18/2017	C-Me Promotions & Embroidery 17191 Yuma St #C Victorville, CA 92395	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
05/15/2017	Dennis Cron PO B 964 Thayne, WY 83127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
05/17/2017	David Cupp 20612 Shawnee Rd Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanic Johnson Machinery	100.00	100.00	
05/10/2017	William Emick 20265 Majestic Dr Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Emick Inc	425.00	425.00	
SUBTOTAL \$				1,300.00		

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page 7 of 18
NAME OF FILER		I.D. NUMBER
Citizens for Water Freedom, Supporting Measure P 2017		1395812

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)
05/15/2017	Sam Lamson 9902 Svl Box Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Blue Star Property Management	425.00	425.00	
05/09/2017	William McDaniel 19146 Kanbridge Rd Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	297.00	297.00	
05/17/2017	Evan McEachron 18134 Goshen Ct Victorville, CA 92394	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO ISU	100.00	100.00	
05/15/2017	Fred Nassif 18934 Kasson Ct Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Napa Auto Parts	1,000.00	1,000.00	
05/09/2017	Dennis Orr 20167 Rancherias Rd Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec DCE Inc	99.00	674.48	
SUBTOTAL \$				1,921.00		

*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**

SCHEDULE A (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 400
from	04/23/2017	
through	05/27/2017	Page 8 of 15
NAME OF FILER		I.D. NUMBER
Citizens for Water Freedom, Supporting Measure F 2017		109812

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)
05/10/2017	Dennis Orr 20167 Rancherias Rd Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec DCB Inc	250.00	674.48	
05/09/2017	Richard Piercy 16053 Palmero Rd Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	
05/09/2017	Shear Realty 18564 Hwy 18 #205 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		225.00	255.00	
05/17/2017	Shear Realty 18564 Hwy 18 #205 Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	255.00	
05/19/2017	Top Notch Networking 15401 Anacapa Rd Victorville, CA 92392	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
SUBTOTAL \$				2,935.00		

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/11/2017	
through	05/09/2017	Page 9 of 19
NAME OF FILER		I.D. NUMBER
Citizens for Water Freedom, Supporting Measure P 2017		139F812

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)
05/12/2017	Wolson Enterprises 14372 Cronese Rd Apple Valley, CA 92307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		420.00	420.00	
05/15/2017	Jean Weisner PO B 23071 San Bernardino, CA 92406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	425.00	425.00	
05/16/2017	Carol Yule 12253 County Club Dr Victorville, CA 92395	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Shear Realty	200.00	200.00	
		<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				
SUBTOTAL \$				1,045.00		

*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.

Statement covers period
from 06/21/2017
through 05/20/2017

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

I.D. NUMBER

1295812

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
Larry Cusack 18930 Kassar Ct Apple Valley, CA 92307	Owner Apple Valley Communications	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00	0.00% RATE	\$ 5,000.00	CALENDAR YEAR \$ 5,000.00 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00	04/05/2017 DATE INCURRED	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$			0.00 \$	0.00 \$	5,000.00 \$	0.00		

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 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 change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
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 C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	04/03/2017	
through	12/30/2017	Page 11 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1395812

Citizens for Water Freedom, Supporting Measure F 2017

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.C. 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)
05/03/2017	DCE Inc 16661 Bear Valley RD #9 Hesperia, CA 92345	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook Ads	235.48	674.48	
05/10/2017	Dennis Orr 20167 Rancherias Rd Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec DCE Inc	PO BOX	90.00	674.48	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 325.48

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	325.48
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. 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 \$	325.48

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from <u>04/23/2017</u>	
through <u>05/20/2017</u>	Page <u>12</u> of <u>13</u>
I.D. NUMBER 1395812	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

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	TFL	t.v. or cable airtime and production costs
FIL	candidate filing/balлот 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
LT	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
CDCS 3309 S Main St Santa Ana, CA 92707	CMP			1,347.48
GC Strategies 7922 Day Creek Blvd #8208 Rancho Cucamonga, CA 91739	CMP			1,525.67
GC Strategies 7922 Day Creek Blvd #8208 Rancho Cucamonga, CA 91739	CMP			3,530.54

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 6,397.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	11,355.36
2. Unitemized payments made this period of under \$100	\$	55.04
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 \$	11,410.40

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>04/30/2017</u> through <u>05/30/2017</u>	CALIFORNIA FORM 460
Page <u>13</u> of <u>18</u>	I.D. NUMBER <u>1-95512</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

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
Hamilton Marketing 70 W Easy St #2 Simi Valley, CA 93065	LIT		4,265.75
Lysa Ray Campaign Services 603 E Alton Ave Ste G Santa Ana, CA 92705	PRO		250.00
Richard Piercy 16053 Palmero Rd Apple Valley, CA 92307	CMP		441.02

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

SUBTOTAL \$ 4,957.77

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>04/23/2017</u> through <u>05/30/2017</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>1</u>
	I.D. NUMBER 1395812

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

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	PHB 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
COGS 2309 S Main St Santa Ana, CA 92707	CMP	878.16	0.00	0.00	878.16
GC Strategies 7922 Day Creek Blvd #8208 Rancho Cucamonga, CA 91739	LIT	0.00	3,319.13	0.00	3,319.13
	SUBTOTALS \$	878.16\$	3,319.13\$	0.00\$	4,197.29

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

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 \$** 3,319.13
- 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 \$** 3,319.13
May be a negative number

**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		CALIFORNIA FORM 460
from	09/23/2017	
through	09/27/2017	Page 12 of 16
NAME OF FILER		I.D. NUMBER
Citizens for Water Freedom, Supporting Measure F 2017		1395912
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
GC Strategies		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GC Strategies

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Berg Print & Mail 522 Amigos Dr #A Redlands, CA 92373	LIT			567.00
COGS 3309 S Main St Santa Ana, CA 92707	CMP			878.67
Hamilton Marketing 70 W Easy St #2 Simi Valley, CA 93065	LIT		(\$1147.45 USPS - POS)	3,083.58
Hamilton Marketing 70 W Easy St #2 Simi Valley, CA 93065	LIT		(\$1315.83 USPS - Postage)	3,319.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 7,847.38

* 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 G (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	04/23/2017	
through	05/20/2017	Page 15 of 18
I.D. NUMBER		1395812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Water Freedom, Supporting Measure F 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

GC Strategies

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 | FOL 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Marketing PMI 4418 Lafayette St Marianna, FL 32446	PHO		223.98
Political Marketing PMI 4418 Lafayette St Marianna, FL 32446	PHO		223.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 447.96

* 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 G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	14/03/2017	
through	05/30/2017	Page 17 of 35
NAME OF FILER		I.D. NUMBER
Citizens For Water Freedom, Supporting Measure F 2017		1395812
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Hamilton Marketing		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens For Water Freedom, Supporting Measure F 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Hamilton Marketing

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 | MTC 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Sunflower Station Santa Ana, CA 92704	POS		1,731.65

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,731.65

* 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 G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE G	
from	04/01/2017	CALIFORNIA FORM 460	
through	05/29/2017	Page	13 of 18
		ID NUMBER	1395312

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Water Freedom, Supporting Measure # 2017

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Richard Piercy

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mojave Printing Solutions 17402 Industrial Blvd # E10 Victorville, CA 92395	CMP			441.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 441.92

* 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.