

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp  JUL 20 2023 11:57 CITY OF MERCED	CALIFORNIA 2001/02 FORM <b>460</b>
	1 / 11
	For Official Use Only

Statement covers period  
 from 04/01/2023  
 through 06/30/2023

Date of election if applicable:  
 (Month, Day, Year)  
 \_\_\_\_\_

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

### 2. Type of Statement:

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-election Statement    | <input checked="" type="checkbox"/> Quarterly Statement                       |
| <input type="checkbox"/> Semi-annual Statement     | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement     | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) |   |

### 3. Committee Information

I.D. NUMBER  
1458901

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee for a Safer Merced

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 2464

CITY STATE ZIP CODE AREA CODE/PHONE  
Merced CA 95344

OPTIONAL: FAX/E-MAIL ADDRESS

kellylawler@thekalgroup.com

### Treasurer(s)

NAME OF TREASURER  
Kelly Lawler

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

kellylawler@thekalgroup.com

### 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 07/13/2023 By Kelly Lawler  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE 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**

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**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 to 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. Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

QUALIFICATION OF: Merced Vital City Services Protection Measure

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
	Merced	

**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 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

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

SUMMARY PAGE

Statement covers period from <u>4/1/2023</u> through <u>6/30/2023</u>	<b>CALIFORNIA FORM 460</b>
	3 / 11
	I.D. NUMBER 1458901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee for a Safer Merced

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 26022.00	\$ 76122.00
2. Loans Received .....	Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 26022.00	\$ 76122.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 26022.00	\$ 76122.00

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

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 26181.28	\$ 36820.28
7. Loans Made .....	Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 26181.28	\$ 36820.28
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	12003.00	12003.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 38184.28	\$ 48823.28

## 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
_____	\$ _____
_____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 39461.00
13. Cash Receipts .....	Column A, Line 3 above	26022.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	26181.28
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 39301.72

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).

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	\$ 12003.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.



# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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Statement covers period  
from 4/1/2023  
through 6/30/2023

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee for a Safer Merced

I.D. Number  
1458901

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 06/30/2023	California Association of Realtors Issues Mobilization PAC 515 South Figueroa Street Suite 1110 Los Angeles CA 90071 ID: 782560	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	5000.00	
Rcpt Dt: 04/14/2023	Image Masters 429 Grogan Avenue Merced CA 95341 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
Rcpt Dt: 05/23/2023	Merced Booster Club 3500 G Street Merced CA 95340 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	5000.00	
Rcpt Dt: 06/12/2023	Merced Police Officers Association PAC 611 West 22nd Street Merced CA 95340 ID: 900972	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15000.00	15000.00	

**SUBTOTAL \$ 26000.00**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 26000.00
2. Amount received this period - unitemized contributions of less than \$100	\$ 22.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	<b>TOTAL \$ 26022.00</b>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule E Payments Made

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

SCHEDULE E

Statement covers period from <u>4/1/2023</u>	<b>CALIFORNIA FORM 460</b>
through <u>6/30/2023</u>	
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I.D. NUMBER 1458901	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for a Safer Merced

**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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citizens For Constitutional Government 4149 East Orangeburg Avenue Modesto CA 95355		ID:	PET	7489.00
Citizens For Constitutional Government 4149 East Orangeburg Avenue Modesto CA 95355		ID:	PET	8330.00
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833		ID:	PET	250.44

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 26130.79
2. Unitemized payments made this period of under \$100.	\$ 50.49
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.)	<b>TOTAL \$ 26181.28</b>



# Schedule E Payments Made

Type or print in ink.  
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SCHEDULE E

Statement covers period from <u>4/1/2023</u> through <u>6/20/2023</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER 1458901

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NAME OF FILER  
Committee for a Safer Merced

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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
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833		ID:	PET and POS	491.68
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833		ID:	PET	310.46
Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento CA 95833		ID:	PET	477.01

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**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
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 \$** \_\_\_\_\_



# Schedule E Payments Made

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	4/1/2023	
through	6/30/2023	7 / 11
NAME OF FILER		I.D. NUMBER
Committee for a Safer Merced		1458901

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee for a Safer Merced

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
H&S Signs LLC 418 Neal Street Grass Valley CA 95945	CMP	ID:	726.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC	ID:	250.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC	ID:	250.00

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
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 \$** \_\_\_\_\_



# Schedule E Payments Made

Type or print in ink.  
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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	4/1/2023	
through	6/20/2023	8 / 11
NAME OF FILER		I.D. NUMBER
Committee for a Safer Merced		1458901

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NAME OF FILER  
Committee for a Safer Merced

**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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political ID: 4142 Adams Avenue Suite 103-550 San Diego CA 92116	OFC			250.00
Merced County Fair ID: 900 Martin Luther King Junior Way  Merced CA 95341	MTG			585.00
Mike Lynch Consulting ID: 801 10th Street 5th Floor, Suite 102 Modesto CA 95354	CNS			2000.00

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

**SUBTOTAL \$**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
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3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
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# Schedule E Payments Made

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SCHEDULE E

Statement covers period from <u>4/1/2023</u>	<b>CALIFORNIA FORM 460</b>
through <u>6/20/2023</u>	
9/11	
I.D. NUMBER 1458901	

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mike Lynch Consulting 801 10th Street 5th Floor, Suite 102 Modesto CA 95354		CNS	ID:	2162.00
The KAL Group, Inc. 9460 Tegner Road Hilmar CA 95324		PRO	ID:	650.00
The KAL Group, Inc. 9460 Tegner Road Hilmar CA 95324		PRO	ID:	350.00

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**SUBTOTAL \$**

## Schedule E Summary

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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 \$** \_\_\_\_\_



# Schedule E Payments Made

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SCHEDULE E


Statement covers period from <u>4/1/2023</u> through <u>6/30/2023</u>	<b>CALIFORNIA FORM 460</b>
	10 / 11
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- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The KAL Group, Inc. ID: 9460 Tegner Road Hilmar CA 95324	PRO		359.20
Voltaire Victorio ID: 	CMP		1200.00

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

**SUBTOTAL \$ 26130.79**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
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# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
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Statement covers period from <u>4/1/2023</u>	CALIFORNIA FORM <b>460</b>
through <u>4/30/2023</u>	
11 / 11	
I.D. NUMBER 1458901	

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| 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, email)            |

NAME AND ADDRESS OF PAYEE OR 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
ID: Citizens For Constitutional Government 4149 East Orangeburg Avenue Modesto CA 95355	PET	0.00	10003.00	0.00	10003.00
ID: Mike Lynch Consulting 801 10th Street 5th Floor, Suite 102 Modesto CA 95354	CNS	0.00	2000.00	0.00	2000.00

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

**SUBTOTALS \$ 0.00 \$ 12003.00 \$ 0.00 \$ 12003.00**

## 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 \$ 12003.00**
- 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 \$ 12003.00**  
May be a negative number.