

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

- 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)

Statement covers period
from July 1, 2020
through September 24, 2020

Date of election if applicable:
(Month, Day, Year)
November 3, 2020



2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

CALIFORNIA FORM 460
Page 1 of 10
For Official Use Only

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Sewell 4 Council 2020 I.D. NUMBER 1427105

Treasurer(s)

NAME OF TREASURER
Bill Sewell
MAILING ADDRESS
3400 Via La Selva
CITY Palos Verdes Estates STATE CA ZIP CODE 90274

STREET ADDRESS (NO P.O. BOX)
3400 Via La Selva
CITY Palos Verdes Estates STATE CA ZIP CODE 90274 AREA CODE/PHONE 310-227-9092
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
3400 Via La Selva CITY Palos Verdes Estates STATE CA ZIP CODE 90274 AREA CODE/PHONE 310-227-9092

NAME OF ASSISTANT TREASURER, IF ANY
None
MAILING ADDRESS
None
CITY Palos Verdes Estates STATE CA ZIP CODE 90274 AREA CODE/PHONE 310-227-9092

OPTIONAL: FAX / E-MAIL ADDRESS

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 9/24/2020 Date
Executed on 9/24/2020 Date
Executed on _____ Date
Executed on _____ Date

By _____ Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bill Sewell
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3400 Via La Selva Palos Verdes CA 90274

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
BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from July 1, 2020 through September 24, 2020

SUMMARY PAGE
CALIFORNIA FORM 460

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I.D. NUMBER

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 \$ 1,950 | \$ 1,950 |
| 2. Loans Received..... | Schedule B, Line 3 0 | 2,000 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 1,950 | \$ 3,950 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 -0- | -0- |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 1,950 | \$ 3,950 |

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 \$ 2,866 | \$ 2,866 |
| 7. Loans Made..... | Schedule H, Line 3 -0- | -0- |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 2,866 | \$ 2,866 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 940 | 940 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 -0- | -0- |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 \$ 3,806 | \$ 3,806 |

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 \$ 2,000 |
| 13. Cash Receipts..... | Column A, Line 3 above 1,950 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 -0- |
| 15. Cash Payments..... | Column A, Line 8 above 2,866 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,084 |

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

| | |
|----------------------------|---|
| 18. Cash Equivalents..... | See instructions on reverse \$ -0- |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above \$ 2,940 |

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2020
through September 24, 2020

SCHEDULE A
CALIFORNIA
FORM
460

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NAME OF FILER
Bill Sewell

I.D. NUMBER
1427105

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|--------------------|--|---|--|-----------------------------|---|--|
| 7/18/2020 | Phyllis Scribe 356 Via Almar Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| 8/20/2020 | James Nyman 2529 Via Olivera Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Businessman James Nyman | \$300 | \$300 | |
| 8/11/2020 | Edward Kennedy 2813 Via Rivera Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/11/2020 | Davis Meizlik 1557 Via Lopez Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner David Meizlik | \$500 | \$500 | |
| 8/27/2020 | Frank Adams 1220 Via Zunayya Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1,200 | | |

Schedule A Summary

1. Amount received this period — itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1,950

2. Amount received this period — unitemized monetary contributions of less than \$100\$ -0-

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$** 1,950

*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.

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SCHEDULE A (CONT.)

Statement covers period
from July 1, 2020
through September 24, 2020

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I.D. NUMBER
1427105

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE <small>* IND COM OTH PTY SCC</small> | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|------------------------|--|---|--|-----------------------------|---|--|
| 8/19/2020 | Frank Clark 36 Coronel Plaza Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/13/2020 | William Lanna 2605 Via Campesina Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50 | \$50 | |
| 8/14/2020 | David Cross 1141 Via Coronel Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$300 | \$300 | |
| 8/31/2020 | Slacy Koehn 2105 Paseo Del Mar Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$25 | \$25 | |
| 8/14/2020 | Desiree Myers 1508 Via Lazo Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$240 | \$240 | |
| SUBTOTAL \$ 715 | | | | | | |

*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.

Statement covers period
from July 1, 2020
through September 24, 2020

SCHEDULE A (CONT.)
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NAME OF FILER: **Bill Sewell** I.D. NUMBER: **1427105**

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|---------------|--|---|--|-----------------------------|---|--|
| 7/10/2020 | Arthur Tulk 6745 Birchman Drive Rancho Palos Verdes, CA 90275 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50 | \$50 | |
| 7/10/2020 | Charles Collinge 1908 Via Visalia Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$500 | \$500 | |
| 7/29/2020 | Pamela Marrott 4037 Via Valmonte Palos Verdes Estates, CA 90274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| | | | | SUBTOTAL \$ 750 | | |

***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 July 1, 2020
through September 24, 2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: **Bill Sewell**
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I.D. NUMBER

| FULL NAME, STREET ADDRESS AND ZIP CODE (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 |
|--|---|---|--|--|---|--|--|---|
| Bill Sewell 3400 Via La Selva Palos Verdes Estates, CA 90274 | Retired | \$ 2,000 | \$ -0- | <input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN \$ -0- | \$ 2,000 11/4/2020 DATE DUE | -0-% RATE \$ -0- DATE DUE | \$ 2,000 6/15/2020 DATE INCURRED | \$ 2,000 PER ELECTION** N/A |
| <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 \$ _____ | DATE DUE | % RATE \$ _____ | DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ -0- | \$ -0- | \$ -0- | \$ 2,000 | \$ -0- | | |

Schedule B Summary

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -0-
(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-**

(Key: see a negative number)
 T-Contributor Codes
 IND - Individual
 COM - Recipient Committee
 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
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA
FORM
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Statement covers period
from July 1, 2020
through September 24, 2020

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SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

1427105

NAME OF FILER
Bill Sewell

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Campaign LA 1518 S. Broadway Gardena, CA 90248 | CMP | | | \$ 850 |
| Proforma Box 51925 Los Angeles, CA 90051 | LIT | | | \$ 142 |
| US Postal Service 955 Deep Valley Drive Palos Verdes Peninsula 90275 | POS | | | \$ 218 |
| Perry Mailing 2531 West 237th Street Torrance, CA 90505 | POS | | | \$ 1,195 |
| Staples 2748 Pacific Coast Highway Torrance, CA 90505 | OFC | | | \$ 461 |
| SUBTOTAL \$ 2,866 | | | | |

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

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bill Sewell

| | |
|--|------------------------------------|
| Statement covers period from <u>July 1, 2020</u> through <u>September 24, 2020</u> | CALIFORNIA FORM 460 |
| I.D. NUMBER 1427105 | |
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL T.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Proforma Box 51925 | LIT | -0- | 940 | -0- | 940 |
| SUBTOTALS \$ | | | | | |

* 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 \$ 940**
- 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-**
- Net change this period. (Subtract line 2 from line 1. Enter the difference here and **NET \$ 940**