		40	5 02	リターラ	COVER PAGE
Recipient Committee		RECTIVED B	ate Stamp	CAL	FORNIA 160
Campaign Statement		acctiven a	Cililly	CAL	
Cover Page		KELES V	04.	-	ORM -FOO
Government Code Sections 84200-84216.5)		- OS ANG	10:18		
	Statement covers period	Date of election if applicable: (Month, Day, Year)	112.	Page	1 of 9
	from10/23/2022	(Month, Day, Year)	1761 A.	E 1290	
	10111	7 1000	IN MIAN		for Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2022	(Month, Day, Year) 24 FEB 12	4 GLS		11499
I. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
• •	Primarily Formed Ballot Measure	☐ Preelection Statement	Г	Quarterly Stat	ement
<u> </u>	Committee	X Semi-annual Statement	F	Special Odd-\	
O Recall (Controlled	☐ Termination Statement	, F		•
	Sponsored	(Also file a Form 410 Termination)	_		tach Form 495
General Purpose Committee	Nso Complete Part 6)	Amendment (Explain below)			
○ Sponsored □ F	Primarily Formed Candidate/	UPDATED INFORMATION			
O Small Contributor Committee	Officeholder Committee Also Complete Part 7)	OF DATE DINTOGRATION			-
O Political Party/Central Committee	450 Complete Part 1)				
C CAMPITTOD INTOFMATION	D. NUMBER 1449751	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1449751	NAME OF TREASURER			
Farrah Dodes for School Board 2022		Michelle Moore Sanders			
		MAILING ADDRESS			
	•	MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO F.O. BOX)		Inglewood	CA	90301	(310) 817-667
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		90301	(310/817-007)
Inglewood CA 9030		Cine D. Ivery			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	,	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OHIE EN O		Inglewood	CA	90301	(310) 817-667
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			(010/01/ 00/.
(310)672-6679 / mymsanders@politicalreportin	gplus.com	OF HOUSE, TAX / E-MAIL ADDITED		,	
1. Verification	_				and complete I could
I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi	g a		e attached	schedules is true	and complete. I certify
Executed on01/31/2024					
Date					
Executed on01/31/2024					
Date			isible Officer of	Sponsor	
Executed on	Ву	Simple of Controller Office bolds Control State	on on one		
Date		Signature of Controlling Officeholder, Candidate, State Measure Pro-	ponent		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pre	aponent		
protect and the second			F	_	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF	ORNIA ORM	4	6	0	
Page	2	of_	9		

								
NAME OF OFFICEHOLDER OR CANDIDATE			NAME	OF BALLOT MEASURE	,			
Farrah Dodes								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APP	PLICABLE)	BALLO	OT NO. OR LETTER	JURISDICTIO	N	I⊑	SUPPORT
Board of Education Beverly Hills Unifi Hills	ied School Board Cit	ty of Beverly						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY :	STATE ZIP CA 90301	ldenti	ify the controlling of	ficeholder, car	didate, or sta	ate measure	proponent, if any
		CA 90301	NAME	OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily fo	•	OFFIC	E SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER		-					-
			7. Prim	narily Formed Car	ndidate/Offic	eholder Co	mmittee <i>Li</i>	st names of
NAME OF TREASURER	CONTROLLED C			narily Formed Car holder(s) or candidate				
	☐ YES	OMMITTEE?	office.	holder(s) or candidate	(s) for which this	s committee is	primarily form	red.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES		office.		(s) for which this	s committee is		
	YES		NAME	holder(s) or candidate	(s) for which this	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	YES	□ NO	NAME	holder(s) or candidate	(s) for which this	OFFICE SOU	GHT OR HELD	support
COMMITTEE ADDRESS STREET ADDRESS (N	YES	□ NO	NAME NAME	of Officeholder or	CANDIDATE CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	NO P.O. BOX) ZIP CODE AR	□ NO	NAME NAME	holder(s) or candidate	CANDIDATE CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	NO P.O. BOX) ZIP CODE AR	NO REA CODE/PHONE	NAME NAME NAME	of Officeholder or	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	ZIP CODE AR	NO REA CODE/PHONE	NAME NAME NAME	OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME	I.D. NUMBER CONTROLLED C	NO REA CODE/PHONE COMMITTEE?	NAME NAME NAME	OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N CITY STATE COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED C	NO REA CODE/PHONE COMMITTEE?	NAME NAME NAME	OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUR OFFICE SOUR OFFICE SOUR	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Su

SUMMARY PAGE

Summary Page	. Amounts may be rounded to whole dollars.	State	ment covers period	CALIFORNIA	460
		from	10/23/2022	FORM	700
SEE INSTRUCTIONS ON REVERSE		through	12/31/2022	Page3 of	9
NAME OF FILER				I.D. NUMBER	
Farrah Dodes for School Board 2022				1449751	
	Column A	Column B	Calondar Voor Sum	many for Candi	datas

Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	425.00	\$	5,640.00	
2. Loans Received Schedule B, Line 3	•	0.00	.,	12,950.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	425.00	\$	18,590.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		9,747.31	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	425.00	\$	28,337.31	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	5,648.07	\$	14,124.05	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,648.07	\$	14,124.05	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		1,250.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		9,747.31	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	5,648.07	\$	25,121.36	\$
Current Cash Statement					s
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	9,689.02	То	calculate Column B, add	. 1
13. Cash Receipts Column A, Line 3 above		425.00	am	ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	•	5,648.07		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	4,465.95	figi	ires that should be	
If this is a termination statement, Line 16 must be zero.			pe	otracted from previous	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00		.,.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	14,200.00			
					FPPC Form 460 (Jan/ FPPC Advice: advice@fppc.ca.gov (866/275-

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	CALIFORNIA 460			
NAME OF FILER	ONS ON REVERSE			through _12/31/2	022	-	UMBER	f9
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 T CALENDAR ((JAN. 1 - DE	O DATE YEAR	PER EI	ECTION DATE QUIRED)
10/25/2022	Christopher Haddad	⊠IND □COM □OTH □PTY □SCC	Business Owner Self Employed - No Separate Business Name	25.00 Received through inter eFundraising Connectio Sacramento, CA 95816-3	mediary: ns	25.00	G2022	\$25.00
10/31/2022	Moms In Office (ID# C00697342) Sherman Oaks, CA 91423	□IND □COM □OTH □PTY □SCC		300.00		300.00	G2022	\$300.00
11/10/2022	Gabriel Goldstein Beverly Hills, CA 90212	IND COM OTH PTY	Student None	100.00 Received through inter eFundraising Connection Sacramento, CA 95816-3	mediary: hs	100.00	G2022	\$100.00
		IND COM OTH PTY						
		□IND □COM □OTH □PTY □SCC	-					
			SUBTOTAL	\$ 425.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_	425.00	*Co IND CO	ntributor - Individi M - Recip (othe	Codes ual pient Commit or than PTY o	ee or SCC)
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			425.00	PT	Y - Politic	r (e.g., busir al Party Contributor (

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars. Statement covers period from					CALIFORN FORM	^A 460	
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2022	Page5	of9
Farrah Dodes for School Board 2022		(a)		(5)	(4)	(e)	1449751 (f)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			☐ PAID				CALENDAR YEAR
Inglewood, CA 90301 Received through intermediary: eFundraising Connections Sacramento, CA 95814	Foundation			\$0.0	_ "	0.00 _%	\$_1,250.00	\$\$
† ☑ IND □ COM □ OTH □ PTY □ SCC		\$1,250.00	s0.00	s	07/13/2023 DATE DUE	\$0.00	07/13/2022 DATE INCURRED	\$ G2022 22,697.3
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			PAID				CALENDAR YEAR
Inglewood, CA 90301 Received through intermediary, eFundraising Connections Sacramento, CA 95814	Foundation			\$0.0	_ •	0.00% RATE	\$_1,500.00	\$22,697.31 PER ELECTION ***
†☑IND □COM □OTH □PTY □SCC		\$1,500.00	\$0.00	\$0.0	07/20/2023 DATE DUE	s0.00	07/20/2022 DATE INCURRED	\$ G2022 22,697.3
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			☐ PAID				CALENDAR YEAR
Inglewood, CA 90301 LOAN @ -0-% INTEREST	Foundation .			\$0.0	_ •	0.00% RATE	\$_5,000.00	\$
†g∏IND □ COM □ OTH □ PTY □ SCC		\$5,000.00	\$0.00	\$0.0	09/13/2023 DATE DUE	\$	09/13/2022 DATE INCURRED	\$ 92022, 22,697.3
	, 5	SUBTOTALS S	0.00	0.	.00\$ 7,750.00	\$ 0.00		
Schedule B Summary				,		(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$ _	0.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)					ft	Contributor Codes	
2. Loans paid or forgiven this period					PTY or SCC) business entity)			
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$ _	0.00 (May be a negative number)		CC – Small Contril	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.]					EDDO E	orm 460 (lan/201

Calcadala D. David A (Caretina and	Ob4\						SCHEDULE B	PART 1 (CONT.)
Schedule B – Part 1 (Continuat Loans Received	cion Sneet) Amo	ounts may be ro to whole dollar			Statement cove	ers period	CALIFORNI FORM	⁴ 460
					from10/23	7,2022	PORM	
SEE INSTRUCTIONS ON REVERSE					through12/31	/2022	Page6	of9
NAME OF FILER							I.D. NUMBER	
Farrah Dodes for School Board 2022							1449751	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Farrah Dodes (ID# 1449751)	President Beverly Hills Education			PAID				CALENDAR YEAR
Inglewood, CA 90301	Foundation			\$0.0	\$	0.00 _%	\$_5,200.00	\$
†⊠IND □ COM □ OTH □ PTY □ SCC		\$5,200.00	\$0.00	\$0.0	0 10/07/2023 DATE DUE	\$	10/07/2022 DATE INCURRED	\$ G2022 22,697.31
		_		PAID				CALENDAR YEAR
				\$	_ \$	RATE %	\$	\$PER ELECTION ***
†_ IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	s	%	s	s
				FORGIVEN		RATE		PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$FORGIVEN	_ \$		\$	\$ PER ELECTION **
† IND COM OTH PTY SCC	1	s	s	\$	DATE DUE	\$	DATE INCURRED	\$

SUBTOTALS \$

0.00\$

5,200.00\$

0.00\$

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

†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
Schedule E	Amounts may b	e rounded		State	ement covers period	CALIFO	
Payments Made	to whole d	ollars.		from _	10/23/2022	FOR	M +00
SEE INSTRUCTIONS ON REVERSE				through	h12/31/2022	_ Page7	of9
NAME OF FILER						I.D. NUMI	BER
Farrah Dodes for School Board 2022						1449751	١.
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey reseavery and m	es	RAD rad RFD ref SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	cribe the payment. dio airtime and production turned contributions impaign workers' salaries or cable airtime and pro indidate travel, lodging, ai aff/spouse travel, lodging ansfer between committee ter registration formation technology cos	s oduction costs nd meals , and meals es of the sam	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF	F PAYMENT		AMOUNT PAID
Computerized Political Services, Inc.		CMP	Data Source				325.00
Sacramento, CA 95828							
eFundraising Connections		CMP	Credit Card Proces	ssing Fee	е		1.18
Sacramento, CA 95816-3783		,					
General Logistics Systems US, Inc.	* _	POS	Messenger Service				5.00
San Ramon, CA 94583							
* Payments that are contributions or independent expenditures	must also be summ	arized on s	Schedule D.		S	UBTOTAL\$	331.18
Schedule E Summary							

1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

5,648.07

5,648.07

0.00

0.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 460
from	10/23/2022	FORM TOO
through	12/31/2022	Page 8 of 9
		LD NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Farrah Dodes for School Board 2022

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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense professional services (legal, accounting) campaign literature and mailings print ads WEB information technology costs (internet, e-mail) ЦT PRT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	CMP	Credit Card Processing Fee	3.80
Sacramento, CA 95816-3783			
Bullseye Marketing Inc	LIT	Mailer	4,663.09
Chatsworth, CA 91311			
	_		
Computerized Political Services, Inc.	CMP	Data Source	325.00
Sacramento, CA 95828			
Computerized Political Services, Inc.	CMP	Data Source	325.00
Sacramento, CA 95828			
·			

SUBTOTAL \$

5,316.89

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

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

independent expenditure supporting/opposing others (explain)*

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA	460	
rom	10/23/2022	FORM		
hrough.	12/31/2022	Page9	of9	

I.D. NUMBER

1449751

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

fundraising events

legal defense

CVC civic donations

FIL

NAME OF FILER

Farrah Dodes for School Board 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs

MBR member communications MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries

PET petition circulating TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals

POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

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
Gluck Marketing Group	CMP	1,250.00	0.00	0.00	1,250.00
Beverly Hills, CA 90210					
<u> </u>					
•					
					_
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	1,250.00	0.00	0.00	1,250.00

professional services (legal, accounting)

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) 0.00

0.00