

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COPY

Type or print in Ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Date Stamp

RECEIVED

JAN 30 2014

HUMBOLDT COUNTY
ELECTIONS

Page 1 of 9

For Official Use Only

Statement covers period
from January 1, 2013
through December 31, 2013

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

June 2, 2014

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 6)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1361504

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Arnold Klein Campaign

STREET ADDRESS (NO P.O. BOX)
1105 H Street

CITY STATE ZIP CODE AREA CODE/PHONE
Eureka CA 95501

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Catherine D Poterack

MAILING ADDRESS

1105 H Street

CITY STATE ZIP CODE AREA CODE/PHONE
Eureka CA 95501

NAME OF ASSISTANT TREASURER, IF ANY

n/a

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/31/2014
Date

Executed on 1/31/2014
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
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**

Page 2 of 1

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Arnold Lewis Klein

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

District Attorney of Humboldt County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1105 H Street Eureka CA 95501

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?

☐ YES ☐ 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?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from January 1, 2013
through December 31, 2013

CALIFORNIA
FORM **460**

Page 3 of 9

I.D. NUMBER
1361504

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arnold Klein Campaign

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 3,920.00	\$ 3,920.00
2. Loans Received	Schedule B, Line 3	2,100.00	2,100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 6,020.00	\$ 6,020.00
4. Nonmonetary Contributions	Schedule C, Line 3	n/a	n/a
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 6,020.00	\$ 6,020.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 3,957.23	\$ 3,957.23
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3,957.23	\$ 3,957.23
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	200.00	200.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 4,157.23	\$ 4,157.23

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	\$ 0
13. Cash Receipts	Column A, Line 3 above	6,020.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	3,957.23
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,062.77

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

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	\$ 2,300.00

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).

*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
to whole dollars.

SCHEDULE A

Statement covers period
from January 1, 2013
through December 31, 2013

CALIFORNIA
FORM **460**

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arnold Klein Campaign

I.D. NUMBER

1361504

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)
9/27/2013	Barton Bowers 117 Sutcliff Circle Folsom, Ca 95630 Attorney General's office in Sacramento CA	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Attorney General, State of California	500.00	500.00	
9/16/2013	Catherine Poterack, M.D. 1105 H Street Eureka CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pediatrician Open Door Community Health Center	999.00	999.00	
10/1/2013	Victor Perez VMPlaw@aol.com 1304 W. Center Ave Visalia CA 93291	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer self employed Visalia CA	100.00	100.00	
10/8/2013	Jeff Greenberg Los Angeles County District Attorney's Office	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer LA County DA	200.00	200.00	
12/2/2013	Andrew Liu 307 Main Street Suite 330 Salinas CA 93901	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer self employed Monterey CA	250.00	250.00	
SUBTOTAL \$				2,049		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3,099.00
- Amount received this period – unitemized contributions of less than \$100 \$ 821.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 3,920.00**

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>January 1, 2013</u> through <u>December 31, 2013</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>9</u>	I.D. NUMBER 1361504

NAME OF FILER

Arnold Klein Campaign

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)
12/19/2013	Berry Robinson 1808 W. Touhy Ave Chicago IL 60626	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100.00	100.00	
10/1/2013	Howard Broadman 300 N. Willis Street Visalia CA 93291-6004	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Private Judge A Law Corporation Visalia CA	100.00	100.00	
10/16/2013	Nancy Tobin 112 Rivermist Dr. Buffalo NY 14202	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100.00	100.00	
9/30/2013	Terry McGee, M.D. 28824 Selfridge Malibu CA 90265	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician self employed Los Angeles CA	500.00	500.00	
9/23/2013	Ken Barellis 533 E Street Eureka CA 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer self employed Eureka CA	250.00	250.00	
SUBTOTAL \$				1,050.00		

*Contributor Codes

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

Schedule B -- Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from January 1, 2013
through December 31, 2013

CALIFORNIA
FORM **460**

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arnold Klein Campaign

I.D. NUMBER

1361504

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	
Arnold L Klein 1417 Buehne Eureka CA 95501 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	\$ 0	\$ 2100.00	☐ PAID \$ 0 ☐ FORGIVEN \$ 0	\$ 2100.00 7/1/14 DATE DUE	0 RATE \$ 0	\$ 2100.00 8/14/2013 DATE INCURRED	CALENDAR YEAR \$ 2100.00 PERELECTION ** \$	
M E Hadley Investigations 1405 Abram Lane Eureka CA 95503 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 0	\$ 215.00	☒ PAID \$ 215.00 ☐ FORGIVEN \$ 0	\$ 0 PAID DATE DUE	0 RATE \$ 0	\$ 215.00 9/17/2013 DATE INCURRED	CALENDAR YEAR \$ 215.00 PERELECTION ** \$	
 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PERELECTION ** \$	
SUBTOTALS		\$	2315.00	\$	0	\$	2100.00	\$	0

Schedule B Summary

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

- Loans received this period \$ 2,315.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 215.00
(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** \$ 2100.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

** If required.

† 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>January 1, 2013</u> through <u>December 31, 2013</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>9</u>
NAME OF FILER Arnold Klein Campaign		I.D. NUMBER 1361504

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arnold Klein Campaign

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)*	OFF	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
DAVID HAMILTON DESIGN 4155 DOW'S PRAIRE RD MICKINLEYVILLE CA 95519	web	3 CHECKS	\$1200
DELUX BUSINESS SYSTEMS	LIT	ELECTRONIC WITHDRAWAL	\$141.47
THE CENTRAL OFFICE	POS	VISA PURCHASE	\$119.44

* 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.)	\$ 3409.76
2. Unitemized payments made this period of under \$100	\$ 547.47
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3957.23

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2013</u> through <u>December 31, 2013</u>		CALIFORNIA FORM 460
Page <u>8</u> of <u>9</u>		
NAME OF FILER Arnold Klein Campaign		I.D. NUMBER 1361504

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
HUMBOLDT COUNTY DEMOCRATIC COMMITTEE 129 5TH STREET EUREKA CA 95501	CVC	CHECK #1002	\$250
EVAN WISHEROPP, PHOTOGRAPHY EVANWISH@GMAIL.COM	LIT	CHECK#1003	\$380
VERIZON WIRELESS 10/25/13 11/12/14 12/11/13	mbr	VISA PURCHASE	\$131.19 ~~\$123.29~~ ~~\$123.29~~
ADVANCED DISPLAY 11/6/13 EUREKA CA 95501	LIT	VISA PURCHASE	\$200.14 ~~\$274.14~~
TIMES PRINTING EUREKA CA95501	LIT	DEBIT FROM CAMPAIGN ACC	\$266.94

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

SUBTOTAL \$ **\$1948.85**

Schedule F

Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from January 1, 2013 through December 31, 2013	CALIFORNIA FORM 460
Page 9 of 9	I.D. NUMBER 1361504

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Arnold Klein Campaign

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 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
DAVID HAMILTON DESIGN 4155 DOW'S PRAIRIE RD McKINLEYVILLE CA 95519	WEB	0	\$1400	\$1200	\$200
SUBTOTALS \$		0 \$	\$1400 \$	\$1200 \$	\$200

* 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 \$** 1400.00
- 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 \$** 1200.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 200
May be a negative number