

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

1/17/22 GLS  
Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2022  
JAN 18 AM 10:29  
CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 7

For Official Use Only

**Statement covers period**  
from 07/01/2021  
through 12/31/2021

**Date of election if applicable**  
(Month, Day, Year)  
03/03/2020

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)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1423337

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

STREET ADDRESS (NO P.O. BOX)

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Glendale | CA    | 91202    | (310) 817-6679  |

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

| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Inglewood | CA    | 90301    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
(310) 672-6679 / cine@politicalreportingplus.com

**Treasurer(s)**

NAME OF TREASURER

Cine D. Ivery

MAILING ADDRESS

| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Inglewood | CA    | 90301    | (310) 817-6679  |

NAME OF ASSISTANT TREASURER, IF ANY

Michelle Moore Sanders

MAILING ADDRESS

| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Inglewood | CA    | 90301    | (310) 817-6679  |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the under penalty of perjury under the laws of the State of California that the foregoing is true

and in the attached schedules is true and complete. I certify

Executed on JAN 15 2022

By \_\_\_\_\_

Executed on JAN 15 2022

By \_\_\_\_\_

\_\_\_\_\_  
Responsible Officer of Sponsor

Executed on \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Signature of Controlling Official, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

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  
Elen Asatryan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
County Central Committee Member Assembly District 43

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Glendale CA 91202

**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<br><u>Elen Asatryan City Council 2022</u> | I.D. NUMBER<br><u>1442796</u> |
|--|-------------------------------|

|   |   |
|---|---|
| NAME OF TREASURER<br><u>Cine D. Ivery</u> | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Inglewood CA 90301 310-817-6679

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2021 |                                |
| through                 |            | 12/31/2021                     |
| Page                    |            | 3 of 7                         |
| I.D. NUMBER             |            | 1423337                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

**Contributions Received**

|                                 |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3 | \$ 150.00  | \$ 360.00                                  |
| 2. Loans Received               | Schedule B, Line 3 | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2    | \$ 150.00  | \$ 360.00                                  |
| 4. Nonmonetary Contributions    | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4    | \$ 150.00  | \$ 360.00                                  |

**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**

|                                    |                      | Column A  | Column B    |
|------------------------------------|----------------------|-----------|-------------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 214.17 | \$ 236.66   |
| 7. Loans Made                      | Schedule H, Line 3   | 0.00      | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ 214.17 | \$ 236.66   |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   | 0.00      | 2,221.78    |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   | 0.00      | 0.00        |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 214.17 | \$ 2,458.44 |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                     |   |           |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16                | \$ 253.14 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 150.00    |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 0.00      |
| 15. Cash Payments                   | Column A, Line 8 above                        | 214.17    |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 188.97 |

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

|                              |                    |         |
|------------------------------|--------------------|---------|
| 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 | \$ 2,221.78 |

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.

SCHEDULE A

|   |            |                            |
|---|------------|----------------------------|
| Statement covers period                         |            | <b>CALIFORNIA FORM 460</b> |
| from  | 07/01/2021 |                            |
| through   | 12/31/2021 | Page 4 of 7                |
| NAME OF FILER                                   |            | I.D. NUMBER                |
| ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020 |            | 1423337                    |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|------------------|--|---|--|--|---|------------------------------------|
| 07/23/2021       | Lucv Aidaharian<br>Burbank, CA 91505   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem  | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-3132 | 300.00  |                                    |
| 08/25/2021       | Lucv Aidaharian<br>Burbank, CA 91505   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem  | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-3132 | 300.00  |                                    |
| 09/23/2021       | Lucv Aidaharian<br>Burbank, CA 91505   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem  | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-3132 | 300.00  |                                    |
| 10/25/2021       | Lucv Aidaharian<br>Burbank, CA 91505   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem  | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-3132 | 300.00  |                                    |
| 11/21/2021       | Lucv Aidaharian<br>Burbank, CA 91505   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem  | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-3132 | 300.00  |                                    |
| <b>SUBTOTALS</b> |  |   |  | 125.00   |   |                                    |

**Schedule A Summary**

|   |                 |        |
|---|-----------------|--------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | 150.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | 0.00   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 150.00 |

\*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<br>from <u>07/01/2021</u><br>through <u>12/31/2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>5</u> of <u>7</u>      |
| I.D. NUMBER<br>1423337   |                                |

NAME OF FILER

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD  | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|--|--|---------------------------------------|
| 12/23/2021         | Lucy Ajdaharian<br>Burbank, CA 91505  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Law Offices of David A. Tilem   | 25.00<br><br>Received through intermediary:<br>ActBlue California<br>Somerville, MA 02144-1132 | 300.00   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 25.00  |  |                                       |

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2021</u><br>through <u>12/31/2021</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>6</u> of <u>7</u>  | I.D. NUMBER<br><br>1423337     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT            | AMOUNT PAID |
|---|------|----|-----------------------------------|-------------|
| Political Reporting Plus<br>Inglewood, CA 90301                     | PRO  |    | Political Accounting - July, 2020 | 200.00      |
|   |      |    |                                   |             |
|   |      |    |                                   |             |

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

**SUBTOTAL \$** 200.00

**Schedule E Summary**

|  |                 |        |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 200.00 |
| 2. Unitemized payments made this period of under \$100   | \$              | 14.17  |
| 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 \$</b> | 214.17 |

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

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                         |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2021 |                                |
| through   | 12/31/2021 | Page <u>7</u> of <u>7</u>      |
| NAME OF FILER                                   |            | I.D. NUMBER                    |
| ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020 |            | 1423337                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT           | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| The Stark Group<br>Glendale, CA 91202                                  | CMP Campaign Expenses                       | 2,021.78  | 0.00                                  | 0.00  | 2,021.78   |
| Political Reporting Plus<br>Inglewood, CA 90301                        | PRO Political<br>Accounting - July,<br>2020 | 200.00  | 0.00                                  | 200.00  | 0.00   |
| Political Reporting Plus<br>Inglewood, CA 90301                        | PRO Political<br>Accounting - July,<br>2021 | 0.00  | 200.00                                | 0.00  | 200.00   |
| <b>SUBTOTALS \$</b>  |   | 2,221.78\$  | 200.00\$                              | 200.00\$  | 2,221.78   |

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

**Schedule F Summary**

|   |                           |        |
|---|---------------------------|--------|
| 1. 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.)                     | <b>INCURRED TOTALS \$</b> | 200.00 |
| 2. 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.) | <b>PAID TOTALS \$</b>     | 200.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | 0.00   |

May be a negative number