Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	COVER PAGE CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 2-20 - 11 through 6-30 - 11	Date of election if applicable: (Month, Day, Year) 3 - 8 - //	JUN 2 9 2011 Fage of 4 For Official Use Only CITY CLERKS OFF CE CITY OF GLENDO 7A		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	omplete Parts 1, 2, 3, and 4. 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 Te			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	y COUNCIL 2011	Treasurer(s) NAME OF TREASURER MAILING ADDRESS CITY TLEN DORA NAME OF ASSISTANT TREASUR MAILING ADDRESS			
OPTIONAL FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	OPTIONAL FAX / E-MAIL ADDR	STATE ZIP CODE AREA CODE/PHONE		
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	a that the foregoing is true and correct: 8y	Torrandide of Treasurer or Assistant	rein and in the attached schedules is true and complete. I certify Freasurer ponent or Responsible Officer of Sponsor ate Measure Proponent		

Executed on ____

Date

. Officeholder or Candidate Controlled Commit	tee	6.	Primarily Formed Ballo	t Measure Committ	80	
NAME OF OFFICEHOLDER OR CANDIDATE	2.6	•	NAME OF BALLOT MEASURE		•••	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	Ç	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT		91701	Identify the controlling offi	· · · · · · · · · · · · · · · · · · ·	state measure	proponent, if any.
	- and and any any	(****	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER			=		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO PO BO)			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBÉR		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	DUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE S	OUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO PO BO) CITY STATE ZIP CO			Attac	h continuation sheets	if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 2-20-11 CALIFORNIA FORM 460

through 6-30-11 Page 3 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN FIELDS			1.D. NUMBER 1334196
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) \$ 2,822.76 \$ 2,822.76 \$ 2,822.76	S 6,122.76 S 6,122.76 S 6,122.76 S 6,122.76	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 \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$ 4,521.63 -0-	sss	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement Beginning Cash Balance	2,822.76 	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines 2, 7, and 9 (if any)	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 2-20 - 11	california 460
through <u>6 - 30 - 11</u>	Page
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN FIELDS

1.D. NUMBER 1334196

					10	2 11/4
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
2/1/11	ATHENS SERVICES CITY OF INDUSTRY CA. 91716	□IND □COM SEOTH □PTY □SCC		\$ 2000.00	\$2000.00	
3/2/11	JOHN FIELDS GLENDORA, CA 91741	MIND COM OTH PTY SCC	EXECUTIVE DIRECTOR CALIFORNIA RIFLE & PISTAL ASS	# 822.76	\$ 4,122.76	
	=1	☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL	2,822.16		

1. Amount received this period – itemized monetary contributions.	2 000 76
Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u> </u>

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3.	Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	2	800	76	_
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Line 1.)	4,1	SKL.		

*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

FPPC Form 460 (January/05)

Sched	ule	B-	Part	1
Loans	Rec	:eiv	ed	

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

** If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

LOANS RECEIVED to whole			rs.	from <u>2-2</u>	20-11	FORM	400	
SEE INSTRUCTIONS ON REVERSE					from $2-2$ through $6-2$	30-11	Page 5	of <u>/</u> 4
NAME OF FILER JOHN	FIELOS						1.D. NUMBER	1196
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SEU-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAIR OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
TO IND OCOMOTHOPTY SCC		s	s	\$ FORGIVEN	S	%	S	CALENDAR YEAR S PER ELECTION***
		s	\$	PAID S FORGIVEN S FORGIVEN	s	RATE %	s	CALENDAR YEAR \$ PER ELECTION FA
IND COM OTH PTY SCC		s	S	PAID S FORGIVEN S	DATE DUE	RATE %	S	CALENDAR YEAR S PER ELECTION ***
ND COM OTH PTY SCC					DATE DUE		DATE INCURRED	<u></u>
Schedule B Summary I. Loans received this period (Total Column (b) plus unitemized loans		SUBTOTALS \$			<i>•</i>	\$ (Enter (e) on Schedule E. Line 3	†Contributor Codes	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.) are also itemized on Sched	lule A.)			0		IND – Individual COM – Recipient Co	ommittee PTY or SCC) business entity)
 Net change this period. (Subtract Line Enter the net here and on the Summary 				NET \$	May be a negative number)	C		

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period rom 2-20-11 CALIFORNIA FORM 460 hrough 6-30-11 Page 6 of 14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOHN FIELDS I.D. NUMBER 133419 IF AN INDIVIDUAL, ENTER **FULL NAME, STREET ADDRESS AND AMOUNT** BALANCE CONTRIBUTOR OCCUPATION AND EMPLOYER CUMULATIVE ZIP CODE OF GUARANTOR LOAN **GUARANTEED** OUTSTANDING CODE TO DATE (IF COMMITTEE, ALSO ENTER I.D NUMBER) (IF SELF-EMPLOYED, ENTER THIS PERIOD TO DATE NAME OF BUSINESS) CALENDAR YEAR LENDER COM **□OTH** PER ELECTION DATE (IF REQUIRED) □ PTY SCC CALENDAR YEAR LENDER □ COM PER ELECTION □отн DATE (IF REQUIRED) □ PTY □ SCC CALENDAR YEAR LENDER □сом PER ELECTION □OTH (IF REQUIRED) DATE □ PTY □ SCC CALENDAR YEAR LENDER СОМ PER ELECTION □ OTH DATE (IF REQUIRED) □ PTY SCC

Enter on Summary Page.

Line 17 only.

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

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

Statement covers period from 2-20-11 CALIFORNIA 460 FORM 460 through 6-30-11 Page 7 of 14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

JOHN FIELDS

1334196

						()	27170
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Ç.		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC				=	
Attach additi	ional information on appropriately labe	led continuati	ion sheets.	SUBTOTAL S	•		

Schedule C Summary

 Amount received this period – item 	ized nonmonetary contributions.
(Include all Schedule C subtotals.)	

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

 0

. 0

*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 D Summary of Expenditures Supporting/Opposing Other

Type or print in ink. Amounts may be rounded

SCHEDULE D Statement covers period CALIFORNIA ACO

Candidates, Measures and Committees		to whole dolla	ars.	from 2-20	7-11	FORM 40U	
SEE INSTRUCTION	ONS ON REVERSE			from <u>2-21</u> through <u>6-30</u>	7-11	Page	8 of 14
NAME OF FILER	JOHN F	IELDS				1.D. NUMB	SER 34196
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT. OR MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN 1-0	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
D)	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	s -O			
1. Itemized o	D Summary contributions and independent expenditures made						0
2. Unitemize	ed contributions and independent expenditures ma	ade this period of under	r\$100			\$	\overline{A}
3. Total contr	ributions and independent expenditures made this	s period. (Add Lines 1	and 2. Do not enter on the	Summary Page.) .	то	TAL \$	

Schedule E **Payments Made**

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

SCHEDULEE Statement covers period **CALIFORNIA FORM** 1334196

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN FIELDS

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

campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

D fundraising events

independent expenditure supporting/opposing others (explain)* ·D

LEG legal defense

ய campaign literature and mailings MBR member communications

meetings and appearances

office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

returned contributions

SAL campaign workers' salaries

t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

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
PEPPER TREE CAFE GLENDORA, CA	MTG	TIP to WAITRESS	# 4.00
FACE BOOK ONLINE		WEB AD'S	347.42
GLENDORA PATCH- ADL, INC.		WEB AO	500.00

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

SUBTOTAL\$ 85/

Schedule E Summarv

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

2. Unitemized payments made this period of under \$100

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM**

I.D. NUMBER

1334196

CMP CNS CTB CVC FIL FND	campaign consultants contribution (explain nonmonetary)* civic donations candidate fiting/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, def	d appearances uses lating s survey research	n senger services	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and m transfer between committees of the voter registration WEB information technology costs (internal	s eals e same candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE O	₹ DF	ESCRIPTION OF PAYMENT	AMOUNT PAID
	CAMPAIGN - L.A. CARSON, CA		LIT Pos	2 16	POST CARD MALLING	\$ 3,100.00
	C.E. GRAPHICS		LIT	FLY	ERS	\$ 515.83
Ū	INNOVATIVE GRAPHIC	Solutions	LIT	5/	GN	\$ 54. 38

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE			through 6 -	30-11	Page//_ of/4_	
NAME OF FILER JOHN	FIELDS			:	1.D. NUMBER 1334196	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* Independent campaign literature and mailings	MBR member communication meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resured professional services (PRT print ads	RAD radio airtime a RFD returned contr SAL campaign worl TEL t.v or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwee VOT voter registrati	erwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v or cable airtime and production costs Candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/s			
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 PA THIS PERIC (ALSO REPORT)	DD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$				\$	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sul	btotals for	INCU	RRED TOTA	LS \$	
2. Total accrued expenses paid this period. (Include all Sche	. 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.)					
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)				N	ET \$ May be a negative number	

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through 6-30-

Page 12 of 14

I.D. NUMBER

1334196

JOHN FIELDS

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 campaign consultants meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses OFC SAL campaign workers' salaries "VC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals HND fundraising events polling and survey research staff/spouse travel, lodging, and meals

fundraising events

POL polling and survey research

TRS

ND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

TSF

legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets

TOTAL* \$



Sched	ule H	
Loans	Made to Others'	k

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE NAME OF FILER BHN FIELDS OUTSTANDING IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT REPAYMENT OR INTEREST ORIGINAL CUMULATIVE OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS **BALANCE AT** OF RECIPIENT LOANED THIS **FORGIVENESS** RECEIVED AMOUNT OF LOANS (IF SELF-EMPLOYED, ENTER (IF COMMITTEE ALSO ENTER I.D. NUMBER) CLOSE OF THIS **PERIOD** NAME OF BUSINESS) LOAN TO DATE THIS PERIOD PERIOD PERIOD PAID CALENDAR YEAR FORGIVEN PER ELECTION** DATE DUE DATE INCURRED CALENDAR YEAR M PAID FORGIVEN PER ELECTION** DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must SUBTOTALS |S also be reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary 1. Loans made this period **If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans (Total Column (c) plus uniternized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (Enter the net here and on the Summary Page, Column A, Line 7.)

Schedule I Miscellaneous Increases to Cash

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

SCHEDULE I Statement covers period **CALIFORNIA FORM**

SEE INSTRI	JCTIONS	ON REV	/ERSE

NAME OF FILER

JOHN FIELDS

I.D. NUMBER

DATE RECEIVED	FULL NAME AND ADDRESS OF SQURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summa	ŋ	/
------------------	---	---

- 1. Itemized increases to cash this period.\$ 2. Unitemized increases to cash of under \$100 this period......\$ 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$.
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the