Recipient Committee Campaign Statement Cover Page
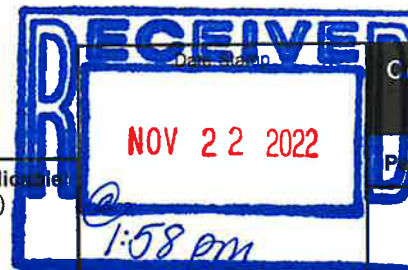
(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED NOV 2 2 2022 @ 1:58 pm

CALIFORNIA FORM **460**

Page 1 of 10

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable (Month, Day, Year)
from 10/23/22	
through 11/17/22	11/8/22

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 1453654

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Signal Hill	CA	90755	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tlhesquire@aol.com

Treasurer(s)

NAME OF TREASURER

Tina L. Hansen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Signal Hill	CA	90755	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tlhesquire@aol.com

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	11/21/22 Date	By
Executed on	11/21/22 Date	By
Executed on	Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Tina L. Hansen

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

City Council Member City of Signal Hill

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
███████████████████	Signal Hill	CA	90755

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. Primarily Formed 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 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	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach 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 _____ 10/23/22 _____

through _____ 11/17/22 _____

CALIFORNIA FORM **460**

Page __3__ of __10__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER

1453654

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions	Schedule A, Line 3	$ 6649.00	$ 10,744
2.	Loans Received	Schedule B, Line 3	0	904.77
3.	SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 6649.00	$ 11648.77
4.	Nonmonetary Contributions	Schedule C, Line 3	0	0
5.	TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6649.00	$

Expenditures Made

6.	Payments Made	Schedule E, Line 4	$ 4421.36	$ 8547.72
7.	Loans Made	Schedule H, Line 3	0	0
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 4421.36	$ 8547.72
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10.	Nonmonetary Adjustment	Schedule C, Line 3	0	0
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 4421.36	$

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16	$ 873.41
13.	Cash Receipts	Column A, Line 3 above	6649.00
14.	Miscellaneous Increases to Cash	Schedule I, Line 4	0
15.	Cash Payments	Column A, Line 8 above	4421.36
16.	**ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3101.51

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

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0

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).

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	$ 0

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	$	$

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
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/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		CALIFORNIA FORM **460**
from	10/23/22	
through	11/17/22	Page __4__ of __10__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER
1453654

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)
10/25/22	Tim Williamson ▇▇▇▇▇	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	$100	$100
10/25/22	Paul Patterson ▇▇▇▇▇	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$150	$150	$150
10/25/22	Ken Farfsing ▇▇▇▇▇	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250	$250	$250
10/25/22	Blue Cross Animal Hospital ▇▇▇▇▇	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100	$100	$100
10/27/22	Lane Stubblefield ▇▇▇▇▇	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$200	$200	$200

SUBTOTAL $ 800

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 6500

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 149

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 6649

*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)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A
Monetary Contributions Received

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

Statement covers period
from 10/23/22
through 11/17/22

CALIFORNIA FORM **460**

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER
1453654

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)
10/27/22	Signal Hill Petroleum ▓▓▓▓	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$700	$700	$700
10/27/22	Dave Slater ▓▓▓▓	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CEOSignal Hill Petroleum ▓▓▓▓	$700	$700	$700
10/27/22	Charmaine Laney ▓▓▓▓	☑IND ☐COM ☐OTH ☐PTY ☐SCC	~~Self-Employed~~ Retired	$500	$500	$500
11/8/22	Jene Bunten ▓▓▓▓	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	$100	$100	$100
11/8/22	Oil Operators ▓▓▓▓	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$700	$700	$700

SUBTOTAL $ 2700

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 6500

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 149

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 6649

*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)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	CALIFORNIA FORM 460
from 10/23/22	
through 11/17/22	Page 6 of 10

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER
1453654

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)
11/8/22	Randy Hartshorn ▮	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	$100	$100	$100
11/8/22	Fred Abdelnour ▮	☑IND ☐COM ☐OTH ☐PTY ☐SCC	President/ Consultant Disc operation ▮	$100	$100	$100
11/8/22	Innovative Electrix, Inc. ▮	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$500	$500	$500
11/8/22	CAL IT Group, Inc. ▮	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$700	$700	$700
11/8/22	Debra Layton ▮	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Vice President Signal Hill Petroleum	$500	$500	$500

SUBTOTAL $ 1900

*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)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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 __10/23/22__

through __11/17/22__

CALIFORNIA FORM **460**

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NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER
1453654

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)
11/8/22	RPP Architects	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$100	$100	$100
11/8/22	Century Calibrating	☐IND ☐COM ☑OTH ☐PTY ☐SCC		$500	$500	$500
11/8/22	Lisa McDaniel	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	$500	$500	$500
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 1100

*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)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

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

Statement covers period	
from	10/23/22
through	11/17/22

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER

1453654

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
Tina L. Hansen ███████	Deputy District Attorney Los Angeles County ███████	$ 904.77	$ 0	☑ PAID $ 904.77 ☐ FORGIVEN $ _____	$ 0 DATE DUE	0 % RATE $ _____	$ 775 DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								
		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC								

SUBTOTALS $ _____ $ _____ $ _____ $ _____

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

Schedule B Summary

1. Loans received this period .... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 904.77
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ -904.77
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*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 FORM **460**
from	10/23/22	
through	11/17/22	Page __9__ of __10__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER
1453654

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
Uprinting ▮▮▮▮▮▮	PRT			$740.66
Vista Print ▮▮▮▮▮	PRT			$588.89
Tina Hansen ▮▮▮▮▮▮		Repay Loan		904.77

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

SUBTOTAL $ 2234.32

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	4180.32
2. Unitemized payments made this period of under $100	$	241.04
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 $	4421.36

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period	CALIFORNIA **460**
from 10/23/22	FORM
through 11/17/22	Page 10 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect Tina L. Hansen to Signal Hill City Council 2022

I.D. NUMBER

1453654

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
Charters Mailing Group ▮▮▮▮▮▮	POS		$563.56
Charters Mailing Group ▮▮▮▮▮▮	POS		$1382.44

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

SUBTOTAL $ 1946