# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

**Type or print in ink.**

Date Stamp

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SEP 2 4 2013

BELMONT CITY CLERK

CALIFORNIA 2001/02 **460** FORM

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

| Statement covers period | |
|---|---|
| from | Jan 1, 2013 |
| through | Sep 21, 2013 |

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

Nov 5 2013

## 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
- ☐ 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** 1358838

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

MercerForCouncil2013

STREET ADDRESS (NO P.O. BOX)
2535 Somerset Drive

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Belmont | CA | 94002 | 650.592.4868 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Tim Wong

MAILING ADDRESS
533 Cambridge Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Belmont | CA | 94002 | 650.591.2479 |

NAME OF ASSISTANT TREASURER, IF ANY

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 | 9-24-2013 | By | _Signature of Treasurer or Assistant Treasurer_ |
|---|---|---|---|
| Executed on | 9.24.13 | By | _Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor_ |
| 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 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

# Recipient Committee Campaign Statement Cover Page — Part 2

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

**Kristin Mercer**

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

**City Council Member, Belmont, CA**

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

**2535 Somerset Drive, Belmont, CA  94002**

### 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

CALIFORNIA FORM **460**

| Statement covers period | |
|---|---|
| from | Jan 1, 2013 |
| through | Sep 21, 2013 |

Page __3__ of __9__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER
1358838

## Contributions Received

| | | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|---|
| 1. | Monetary Contributions | Schedule A, Line 3 | $ 3691.00 | $ |
| 2. | Loans Received | Schedule B, Line 3 | 5000.00 | |
| 3. | SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 8691.00 | $ |
| 4. | Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | |
| 5. | TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 8691.00 | $ |

## Expenditures Made

| | | | | |
|---|---|---|---|---|
| 6. | Payments Made | Schedule E, Line 4 | $ 1652.19 | $ |
| 7. | Loans Made | Schedule H, Line 3 | 0.00 | |
| 8. | SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 1652.19 | $ |
| 9. | Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | |
| 10. | Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | |
| 11. | TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 1652.19 | $ |

## Current Cash Statement

| | | | |
|---|---|---|---|
| 12. | Beginning Cash Balance | Previous Summary Page, Line 16 | $ 0.00 |
| 13. | Cash Receipts | Column A, Line 3 above | 8691.00 |
| 14. | Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. | Cash Payments | Column A, Line 8 above | 1652.19 |
| 16. | **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 7038.81 |

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

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).

| | | | |
|---|---|---|---|
| 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 | $ 5000.00 |

## 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 | $ | $ |

## 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 |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |
| ___/___/___ | $ |
| ___/___/___ | $ |
| ___/___/___ | $ |
| ___/___/___ | $ |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A
## Monetary Contributions Received

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

Statement covers period

from _____ Jan 1, 2013 _____

through _____ Sep 21, 2013 _____

SCHEDULE A

CALIFORNIA FORM **460**

Page ___4___ of ___9___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

| 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) |
|---|---|---|---|---|---|---|
| 8/13/2013 | Judy Bentson 2 | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |
| 9/17/2013 | Gail P. Cortesia | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |
| 8/15/2013 | Gary Feierbach | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |
| 8/29/2013 | Rick J. Frautschi | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 200.00 | | |
| 8/14/2013 | Warren C. Gibson | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |

SUBTOTAL $ 600.00

## Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ...................................................................................... $ ___2300.00___

2. Amount received this period – unitemized contributions of less than $100 .......................................... $ ___1391.00___

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... **TOTAL** $ ___3691.00___

*Contributor Codes

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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet)
## Monetary Contributions Received

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

| Statement covers period | | SCHEDULE A (CONT.) |
|---|---|---|
| from Jan 1, 2013 | CALIFORNIA FORM **460** | |
| through Sep 21, 2013 | Page 5 of 9 | |

NAME OF FILER

**Tim Wong**

I.D. NUMBER

1358838

| 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) |
|---|---|---|---|---|---|---|
| 8/07/2013 | George R. Green | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 150.00 | | |
| 8/07/2013 | Margaret A. Green | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 150.00 | | |
| 8/07/2013 | Robert L. Griffith | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 250.00 | | |
| 9/17/2013 | Mimi W. Iversen | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 100.00 | | |
| 8/07/2013 | Linnaea Knisely | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Homemaker | 150.00 | | |

SUBTOTAL $ 800.00

*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.

| Statement covers period | | SCHEDULE A (CONT.) |
| --- | --- | --- |
| from | Jan 1, 2013 | CALIFORNIA FORM **460** |
| through | Sep 21, 2013 | Page __6__ of __9__ |

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

| 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) |
| --- | --- | --- | --- | --- | --- | --- |
| 9/17/2013 | William W. Larsen | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 250.00 | | |
| 8/07/2013 | Phillip E. Matthewson | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 250.00 | | |
| 8/08/2013 | Colleen McPeek-Bechtold | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | K/7 Educator San Carlos School 750 Dartmouth Ave, San Carlos, CA | 100.00 | | |
| 8/07/2013 | Edward D. Mitchell | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |
| 8/07/2013 | Karl Mittelstadt | ☒IND ☐COM ☐OTH ☐PTY ☐SCC | Retired | 100.00 | | |

SUBTOTAL $ 800.00

*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.

Statement covers period

from _____ Jan 1, 2013 _____

through _____ Sep 21, 2013 _____

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

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NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

| 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) |
|---|---|---|---|---|---|---|
| 9/17/2013 | Alberto Rossi | ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Owner Rossi Aircraft Inc. 1903 Embarcadero Rd, Palo Alto, CA 94303 | 100.00 | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |

SUBTOTAL $ 100.00

*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.

SEE INSTRUCTIONS ON REVERSE

SCHEDULE B - PART 1

CALIFORNIA FORM **460**

Statement covers period

from **Jan 1, 2013**

through **Sep 21, 2013**

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NAME OF FILER

**Tim Wong**

I.D. NUMBER

**1358838**

| 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 |
|---|---|---|---|---|---|---|---|---|
| Kristin Mercer 2535 Somerset Drive, Belmont, CA  94002 <br><br> † ☒ IND  ☐ COM  ☐ OTH  ☐ PTY  ☐ SCC | City Of Belmont Planning Commissioner | $ 0.00 | $ 5000.00 | ☐ PAID $ 0.0 ☐ FORGIVEN $ 0.0 | $ 5000.00 ___ DATE DUE | 00.00 % RATE 00.00 | $ 5000.00 6/06/2013 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** $ ___ |

SUBTOTALS $ 5000.00  $ 0.00  $ 5000.00  $ 0.00

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

## Schedule B Summary

1. Loans received this period ........................................................ $ 5000.00
   (Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period ........................................... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ............ NET $ 5000.00
   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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E
# Payments Made

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

SCHEDULE E

**Statement covers period**

from _____ Jan 1, 2013 _____

through _____ Sep 21, 2013 _____

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

**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 |
|---|---|---|---|
| SignRocket.com<br>340 Broadway Ave,<br>St. Paul Park, MN  55071 | CMP | 250 Lawn Campaign signs & stands | 805.00 |
| USPS - Belmont, CA & San Mateo, CA<br><br>640 Masonic Way, Belmont, CA  94002<br>205 De Anza Blvd, San Mateo, CA  94404 | POS | Stamps | 189.52 |
| Lasky Trade Printing<br>240 Harbor Blvd,<br>Belmont, CA  94002 | LIT | Campaign letters, envelopes, printing | 437.62 |

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

**SUBTOTAL $** 1432.14

## Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ................................................................................................ $ _____ 1432.14

2. Unitemized payments made this period of under $100 ........................................................................................................................... $ _____ 220.05

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.) ........................... **TOTAL $** _____ 1652.19