

Recipient Committee Campaign Statement Cover Page

Date Stamp  
**RECEIVED**  
**'JUL 31 2020**

**CALIFORNIA FORM 460**

Page 1 of 10

For Official Use Only

**KINGS COUNTY ELECTIONS**

Statement covers period from 01/01/2020 through 06/30/2020

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

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

3. Committee Information

I.D. NUMBER  
931318

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

Kings County Democratic Central Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hanford	CA	93230	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hanford	CA	93230	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Carol Ann Dyer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hanford	CA	93230	

NAME OF ASSISTANT TREASURER, IF ANY

JoAnn Harper (Auditor)

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lemoore	CA	93245	

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 06/03/2020 7/26/2020  
Date

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

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

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

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
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**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <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 <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 <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 from <u>01/01/2020</u> through <u>06/30/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER 931318

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kings County Democratic Central Committee

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1360.00</u>	\$ <u>1360.00</u>
2. Loans Received..... Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1360.00</u>	\$ <u>1360.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1360.00</u>	\$ <u>1360.00</u>

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Payments Made..... Schedule E, Line 4	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
5. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
6. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>0.00</u>	\$ <u>0.00</u>

**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**

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>395.64</u>
3. Cash Receipts..... Column A, Line 3 above	<u>1,360.00</u>
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>20.00</u>
5. Cash Payments..... Column A, Line 8 above	_____
6. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,775.64</u>

*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).

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

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0.00</u>
---	----------------

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kings County Democratic Central Committee

I.D. NUMBER

931318

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00

Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,360.00

Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 1,360.00

\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>10</u>
I.D. NUMBER <u>931318</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Kings County Democratic Central Committee

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
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

**Schedule B Summary**

Loans received this period ..... \$ 0.00  
 (Total Column (b) plus unitemized loans of less than \$100.)  
 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.)  
 Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET \$ 0.00  
 Enter the net here and on the Summary Page, Column A, Line 2.

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

†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.

(May be a negative number)

**Schedule B – Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>10</u>
	I.D. NUMBER 931318

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kings County Democratic Central Committee

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
<b>SUBTOTAL</b> \$ 0.00					Enter on Summary Page, Line 17 only.	

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>10</u>
I.D. NUMBER 931318	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Kings County Democratic Central Committee

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	<b>TOTAL \$</b>	0.00

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>10</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL..** \$ 0.00



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>10</u>
I.D. NUMBER 931318	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kings County Democratic Central Committee

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

- |   |   |   |
|---|---|---|
| AMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| ANS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| ATB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| AVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| BL candidate filing/ballot fees                                   | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| END fundraisng 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 |
| FG legal defense  | PRO professional services (legal, accounting) | VOT voter registration  |
| IT 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

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	_____
2. Unitemized payments made this period of under \$100.....	\$	0.00
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>	0.00

