

COPY

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

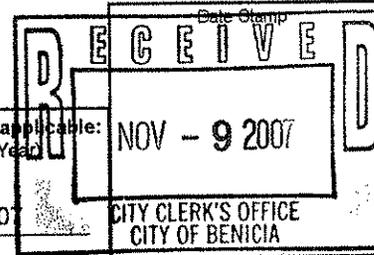
CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Statement covers period from 29 Oct 2007 through 6 Nov 2007

Date of election if applicable: 6 Nov 2007



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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1289634

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

Benicians to Elect Elizabeth Patterson for Mayor

STREET ADDRESS /NO. PO. BOX

CODE AREA CODE/PHONE

CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Susan Street

MAILING ADDRESS

Dan Dixon

MAILING ADDRESS

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 6 Nov 2007

By

Executed on November 8, 2007

By Sig

Executed on

By

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                           |            |
|---------------------------|------------|
| CALIFORNIA<br>FORM        | <b>460</b> |
| Page <u>2</u> of <u>7</u> |            |

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Elizabeth Patterson**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Mayor, City of Benicia**

RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY

**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?<br><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?<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**

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

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>29 Oct 2007</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>6 Nov 2007</u>                          |                                |
| Page <u>3</u> of <u>7</u>                          | I.D. NUMBER<br><u>1289634</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Elizabeth Patterson

|   | 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    | \$ <u>1667</u>   | \$ <u>13150</u>                            |
| 2. Loans Received ..... Schedule B, Line 3            | <u>4446</u>  | <u>4446</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>6113</u>   | \$ <u>17596</u>                            |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>   | <u>7350</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>6113</u>   | \$ <u>24946</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        | Column B        |
|---|-----------------|-----------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>9570</u>  | \$ <u>33770</u> |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>        | <u>0</u>        |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>9570</u>  | \$ <u>33770</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>529</u>      | <u>529</u>      |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>        | <u>0</u>        |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>10099</u> | \$ <u>34299</u> |

**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             | \$ <u>4004</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>6113</u>    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>       |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>10099</u>   |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>18</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).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

|   |                |
|---|----------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u>    |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>4975</u> |

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>29 Oct 2007</u><br>through <u>6 Nov 2007</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Elizabeth Patterson</b> | I.D. NUMBER<br><b>1289634</b> |
|---|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/29/07           | Lisa Burton<br>1140 West L St<br>Benicia   | <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 | none   | 150                         | 150   |                                    |
| 11/1/07            | Kathryn Griffin<br>236 Baker St<br>Benicia CA 94510  | <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 | none   | 200                         | 400   |                                    |
| 11/4/07            | Anthony Shannon<br>28 Buena Vista<br>Benicia CA 94510  | <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 | self-employed software developer, Mlyoji Productions                                       | 100                         | 100   |                                    |
| 10/29/07           | Jerome Page<br>1250 West L St<br>Benicia CA 94510  | <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 | none   | 100                         | 300   |                                    |
| 11/5/07            | Diane Hill<br>278 East 2nd St<br>Benicia CA 94510  | <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 | adminlstrator, University of California  | 200                         | 200   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>750</b>                  |   |                                    |

**Schedule A Summary**

|   |                 |             |
|---|-----------------|-------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | <u>750</u>  |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | <u>917</u>  |
| 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> | <u>1667</u> |

\*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**

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

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>29 Oct 2007</u><br>through <u>6 Nov 2007</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>5</u> of <u>7</u>   | I.D. NUMBER<br><b>1289634</b> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Patterson

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN       | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------------|---|
| Susan & Brent Street<br>240 East 2nd St<br>Benicla CA 94510   | none  | \$ 0   | \$ 4446                            | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 4446<br>DATE DUE _____                          | _____%<br>RATE<br>\$ 0           | \$ 4446<br>10/29/07<br>DATE INCURRED | CALENDAR YEAR<br>\$ 4546<br>PER ELECTION**<br>\$ _____  |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED            | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED            | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED            | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS \$</b>   |   |  | <b>4446 \$</b>                     |  | <b>\$ 4446 \$</b>                                  |                                  |                                      |   |

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

**Schedule B Summary**

|  |                            |
|--|----------------------------|
| 1. Loans received this period ..... \$ 4446<br>(Total Column (b) plus unitemized loans of less than \$100.)  |                            |
| 2. Loans paid or forgiven this period ..... \$ 0<br>(Total Column (c) plus loans under \$100 paid or forgiven.)<br>(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 \$ 4446<br>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.

**Schedule E  
Payments Made**

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

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>29 Oct 2007</u><br>through <u>6 Nov 2007</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>6</u> of <u>7</u>      |
|   | I.D. NUMBER<br>1289634         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Patterson

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

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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             |
|---|---------|------------------------|-------------------------|
| Assistance Plus<br>4375 Emerald Ridge Ln<br>Fairfield CA 94534  | pos     |                        | 5723                    |
| Benicia Herald<br>820 1st St<br>Benicia CA 94510  | prt     |                        | 884                     |
| White's Graphics, P.O. Box 215, Benicia CA 94510  | lit     |                        | 2267                    |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |         |                        | <b>SUBTOTAL \$ 8874</b> |

**Schedule E Summary**

|  |                      |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 8874              |
| 2. Unitemized payments made this period of under \$100   | \$ 696               |
| 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.) | <b>TOTAL \$ 9570</b> |

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

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

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>29 Oct 2007</u><br>through <u>6 Nov 2007</u> | <b>CALIFORNIA FORM 460</b>    |
|   | Page <u>7</u> of <u>7</u>     |
|   | I.D. NUMBER<br><b>1289634</b> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Patterson

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MTG meetings and appearances                  | RAD radio airtime and production costs                        |
| CNS campaign consultants  | OFC office expenses                           | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | PET petition circulating                      | SAL campaign workers' salaries                                |
| CVC civic donations   | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | POL polling and survey research               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRT print ads                                 | VOT voter registration  |
| LIT campaign literature and mailings                              |   | 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Paper Tiger Printing, 901 1st Street, Benicla CA 94510  | lit                               |   | 529                                   |   | 529  |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |                                   |   | <b>SUBTOTALS \$</b>                   | <b>\$ 529</b>   | <b>\$ 529</b>  |

**Schedule F Summary**

- 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.)..... **INCURRED TOTALS \$** 529
- 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.) ..... **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 529  
May be a negative number