

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

COVER PAGE
CALIFORNIA
200/102
FORM
460

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/10 through 09/30/10

Date of election if applicable (Month, Day, Year) 11/02/2010

Date Stamp OCT -6 AM 11:27

CITY OF SANTA ANA
CLERK OF COUNCIL

1/25
For Official Use Only

- 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 (Also Complete Part 5.)
 - Small Contributor Committee
 - Political Party/Central Committee
 - Ballot Measure Committee
 - Primary Formed
 - Controlled
 - Sponsored (Also Complete Part 6.)
 - Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.)

- 2. Type of Statement:**
- Pre-election Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Amezcuja 4 Mayor - 2010

I.D. NUMBER
1322638

STREET ADDRESS (NO P.O. BOX)
777 S. Figueroa St., Ste. 4050

CITY Los Angeles STATE CA ZIP CODE 90017-0000 AREA CODE/PHONE 213-452-6565

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
Giovanni Jorquera

MAILING ADDRESS
1319 N. Broadway

CITY Santa Ana STATE CA ZIP CODE 92706-0000 AREA CODE/PHONE 949-433-2936

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 10/24/10 DATE By Giovanni Jorquera SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/24/10 DATE By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

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

Type or print in ink.

COVER PAGE - PART 2



2/25

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Alfredo Armezcua

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: Mayor
City: Santa Ana

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1319 N. Broadway Santa Ana CA 92076-0000

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 to 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)

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	<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

CITY STATE ZIP CODE AREA CODE/PHONE

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	3 / 25
I.D. NUMBER 1322638	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Amezcu 4 Mayor - 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 11893.00	\$ 20091.00
2. Loans Received	30000.00	110000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	\$ 41893.00	\$ 130091.00
4. Nonmonetary Contributions	250.00	250.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	\$ 42143.00	\$ 130341.00

Expenditures Made

6. Payments Made	\$ 32024.87	\$ 50412.69
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	\$ 32024.87	\$ 50412.69
9. Accrued Expenses (Unpaid Bills)	5798.15	7128.51
10. Nonmonetary Adjustment	250.00	250.00
11. TOTAL EXPENDITURES MADE.....	\$ 38073.02	\$ 57791.20

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 75852.80
13. Cash Receipts	Column A, Line 3 above	41893.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
Cash Payments	Column A, Line 8 above	32024.87
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 85720.93

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00
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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	\$ 117128.51

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contribution Received	\$ 0.00	\$ 0.00	7/1 to Date
21. Expenditures Made	\$ 0.00	\$ 0.00	

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.

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcuca 4 Mayor - 2010

I.D. Number

1322638

4 / 25

Statement covers period

from

through

DATE RECEIVED	FULL NAME, MAILING 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)
Rpt Dt: 08/29/2010	John Acosta 520 N. Main St., #200 Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Management John Acosta	250.00	800.00	
Rpt Dt: 07/03/2010	John Acosta 520 N. Main St., #200 Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Management John Acosta	250.00	800.00	
Rpt Dt: 07/31/2010	Jose Andrade 1022 Logan St. Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper John Duley	100.00	100.00	
Rpt Dt: 07/03/2010	Stephen Bakke 3685 Welsh Pony Ln. Yorba Linda CA 92886 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner New York Life	100.00	200.00	
Rpt Dt: 09/25/2010	Araceli Rodriguez Cazales 1030 Moore Ave. Santa Ana CA 92707 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Rep. Toyama Karate Do	100.00	150.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6650.00
- Amount received this period - unitemized contributions of less than \$100 \$ 5243.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 11893.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

CALIFORNIA
FORM **460**

Statement covers period
from _____
through 5 / 25

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NAME OF FILER

Amezcuca 4 Mayor - 2010

I.D. Number

1322638

DATE RECEIVED	FULL NAME, MAILING 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)
Rept Dt: 07/03/2010	Araceli Rodriguez Cazales 1030 Moore Ave. Santa Ana CA 92707 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Rep. Toyama Karate Do	50.00	150.00	
Rept Dt: 07/03/2010	Eina Chaves 719 S. Oakstone Wy. Anaheim CA 92806 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student N/A	250.00	250.00	
Rept Dt: 09/25/2010	Philip Chinn 2900 N. Flower St. Santa Ana CA 92706 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
Rept Dt: 07/03/2010	Amin David 419 S. Colt St. Anaheim CA 92806 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	500.00	
Rept Dt: 07/31/2010	Amin David 419 S. Colt St. Anaheim CA 92806 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	50.00	500.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A

Statement covers period
from _____
through _____

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Amezcu 4 Mayor - 2010

6 / 25

I.D. Number

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Rept Dt: 07/03/2010	Jeffrey Dickman 1218 N. French St. Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner Orange County	25.00	825.00	
Rept Dt: 07/03/2010	Jeffrey Dickman 1218 N. French St. Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner Orange County	250.00	825.00	
Rept Dt: 09/25/2010	Jeffrey Dickman 1218 N. French St. Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner Orange County	300.00	825.00	
Rept Dt: 08/06/2010	Edgar's Promotions and Entertainment Inc. 1621 E. 17th St., Ste. Eq Santa Ana CA 92705 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-500.00	0.00	
Rept Dt: 07/03/2010	Edgar's Promotions and Entertainment Inc. 1621 E. 17th St., Ste. Eq Santa Ana CA 92705 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	0.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
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Amezcuca 4 Mayor - 2010

I.D. Number

1322638

7 / 25

Statement covers period

from

through

DATE RECEIVED	FULL NAME, MAILING 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)
Rept Dt: 07/03/2010	Erik Faraldo 20092 Bayfront Ln., #204 Huntington Beach CA 92646 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	25.00	275.00	
Rept Dt: 08/29/2010	Erik Faraldo 20092 Bayfront Ln., #204 Huntington Beach CA 92646 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	275.00	
Rept Dt: 07/03/2010	Fermin Fausto 7931 Paisano Wy. Riverside CA 92509 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Truck Driver Albertson's	200.00	200.00	
Rept Dt: 09/25/2010	Jeffrey Ferguson 8508 E. Canyon Vista Dr. Anaheim Hills CA 92808 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney County of Orange District Attorney's Office	100.00	100.00	
Rept Dt: 08/29/2010	Yolanda Hernandez 4134 Sierra Vista Dr. Chino Hills CA 91709 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Officer Nogales Psychological	100.00	100.00	

SUBTOTAL \$

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(Include all Schedule A subtotals) \$ _____
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
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SCHEDULE A
CALIFORNIA
FORM 460

Statement covers period
from _____
through _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezoua 4 Mayor - 2010

I.D. Number

1322638

8 / 25

PER ELECTION
TO DATE
(IF REQUIRED)

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 08/27/2010	Karen Hinks 6402 St. Paul Circle, Apt. B Huntington Beach CA 92647 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Karen Hinks	100.00	200.00
Rcpt Dt: 09/27/2010	Karen Hinks 6402 St. Paul Circle, Apt. B Huntington Beach CA 92647 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant Karen Hinks	100.00	200.00
Rcpt Dt: 07/03/2010	Lorena Maae Insurance Agency 2708 Westminister Blvd., Ste. 110 Santa Ana CA 92706 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00
Rcpt Dt: 07/03/2010	Imelda Medina 325 S. Gunther St. Santa Ana CA 92704 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructional Aide Garden Grove Unified Schools	200.00	200.00
Rcpt Dt: 09/25/2010	Virginia Nicholson 736 N. Glassell St. Orange CA 92867 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse UCI Medical Center	125.00	125.00

SUBTOTAL \$

Schedule A Summary

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Schedule A Monetary Contributions Received

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SCHEDULE A
CALIFORNIA
FORM 460

Statement covers period

from _____
through 9 / 25

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NAME OF FILER

Amezcuca 4 Mayor - 2010

I.D. Number

1322638

DATE RECEIVED	FULL NAME, MAILING 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)
Rpt Dt: 07/03/2010	Reynaldo Noriega 14791 Jackson St. Midway City CA 92666 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	
Rpt Dt: 07/03/2010	Salvador Navarro 617 S. Orange Ave. Santa Ana CA 92701 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Salvador Navarro Properties	250.00	250.00	
Rpt Dt: 09/24/2010	Orange County Forklift, Inc. 2802 Waverly St. Santa Ana CA 92711 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	650.00	
Rpt Dt: 07/03/2010	Orange County Forklift, Inc. 2802 Waverly St. Santa Ana CA 92711 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	650.00	
Rpt Dt: 07/03/2010	Luis Ortiz - Franco 2333 E. Van Owen Ave. Orange CA 92867 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Chapman University	100.00	200.00	

SUBTOTAL \$

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
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Schedule A Monetary Contributions Received

Type or print in ink.
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STATEMENT A
CALIFORNIA
FORM 460

Statement covers period
from _____
through _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezoua 4 Mayor - 2010

I.D. Number

1322638

10 / 25

DATE RECEIVED	FULL NAME, MAILING 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)
Rept Dt: 07/09/2010	Planned Parenthood of Orange and San Bernardino Counties 555 Capitol Mall, Ste. 1425 Sacramento CA 95814 ID: 1282464	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Action Fund PAC	1000.00	1000.00	
Rept Dt: 07/03/2010	Estela Rodriguez 1824 W. Westmont Dr. Anaheim CA 92801 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	50.00	100.00	
Rept Dt: 07/03/2010	Estela Rodriguez 1824 W. Westmont Dr. Anaheim CA 92801 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	50.00	100.00	
Rept Dt: 07/03/2010	Margarita J. Rodriguez 6195 Robin Wy. Buena Park CA 90620 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm Insurance	500.00	500.00	
Rept Dt: 07/03/2010	Samuel Romero 700 E. Lake Dr., Unit 87 Orange CA 92866 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner St. Teresa's Catholic Gift Shop	50.00	100.00	
SUBTOTAL \$						

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{Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.} **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A

Statement covers period
from _____
through 11 / 25

CALIFORNIA
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460

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I.D. Number

1322638

DATE RECEIVED	FULL NAME, MAILING 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)
Rept Dt: 07/31/2010	Samuel Romero 700 E. Lake Dr., Unit 87 Orange CA 92866 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner	50.00	100.00	
Rept Dt: 07/03/2010	Leticia Ross 4625 W. Chapman Ave., #62 Orange CA 92868 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Translator St. Teresa's Catholic Gift Shop	50.00	350.00	
Rept Dt: 09/24/2010	Robert Stophar 14322 Acacia Dr. Tustin CA 92780 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	150.00	
Rept Dt: 07/03/2010	Robert Witten 234 Via Serena Rancho Santa Margarita 92688 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Department of Education	50.00	100.00	
Rept Dt: 07/03/2010	Robert Witten 234 Via Serena Rancho Santa Margarita 92688 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Department of Education	50.00	100.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized 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.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA
FORM 460

Statement covers period

from _____
through 12 / 25

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezoua 4 Mayor - 2010

i.D. Number

1322638

PER ELECTION
TO DATE
(IF REQUIRED)

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

AMOUNT
RECEIVED THIS
PERIOD

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS)

CONTRIBUTOR
CODE *

FULL NAME, MAILING ADDRESS
AND ZIP CODE OF CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE
RECEIVED

DATE RECEIVED	FULL NAME, MAILING 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)
Rept Dt: 07/03/2010	Alan Woo 2234 N. Pacific Ave. Santa Ana CA 92706 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Manager Comm. Action Council	100.00	100.00	
Rept Dt: 07/03/2010	Nelida Yanez 1125 S. Sullivan St. Santa Ana CA 92704 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal County of Orange	25.00	175.00	
Rept Dt: 07/03/2010	Nelida Yanez 1125 S. Sullivan St. Santa Ana CA 92704 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal County of Orange	50.00	175.00	
Rept Dt: 09/25/2010	Nelida Yanez 1125 S. Sullivan St. Santa Ana CA 92704 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal County of Orange	100.00	175.00	

SUBTOTAL \$ 6650.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$

2. Amount received this period - unitemized 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.) **TOTAL \$**

*Contributor Codes
IND - Individual
COM - Recipient Committee
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.

SCHEDULE B - PART 1
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcuca 4 Mayor - 2010

I.D. NUMBER

1322638

13 / 25

Statement covers period from _____ through _____		(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
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$	\$ 10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010 DATE DUE	0.00 % RATE	\$ 10000.00 09/29/2010 DATE INCURRED	\$ 80000.00 PER ELECTION**
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$	\$ 10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010 DATE DUE	0.00 % RATE	\$ 10000.00 09/24/2010 DATE INCURRED	\$ 80000.00 PER ELECTION**
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$	\$ 10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010 DATE DUE	0.00 % RATE	\$ 10000.00 09/02/2010 DATE INCURRED	\$ 80000.00 PER ELECTION**
SUBTOTALS		\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

- Loans received this period. (Total Column (b) plus unitemized loans less than \$100.)
\$ 30000.00
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
\$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.
Net \$ 30000.00 (may be a negative number)

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

* 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

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1



SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amezcuca 4 Mayor - 2010

Statement covers period
from _____
through 14 / 25

I.D. NUMBER

1322638

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
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE 12/31/2010	0.00 % RATE	\$ 10000.00 DATE INCURRED 06/24/2010	\$ 80000.00 PER ELECTION**
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE 12/31/2010	0.00 % RATE	\$ 10000.00 DATE INCURRED 05/14/2010	\$ 80000.00 PER ELECTION**
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE 12/31/2010	0.00 % RATE	\$ 10000.00 DATE INCURRED 04/12/2010	\$ 80000.00 PER ELECTION**
SUBTOTALS		\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

(Enter (e) on
Schedule E, Line 9)

- Loans received this period. _____ \$
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period. _____ \$
(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 \$**
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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1



SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amezcuca 4 Mayor - 2010

Statement covers period
from _____
through 15 / 25

I.D. NUMBER
1322638

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010	0.00 %	\$ 10000.00 03/05/2010	\$ 80000.00	
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010	0.00 %	\$ 10000.00 02/15/2010	\$ 80000.00	
Alfredo Amezcuca 1319 N. Broadway Santa Ana CA 92706 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 12/31/2010	0.00 %	\$ 10000.00 12/29/2009	\$ 80000.00	
SUBTOTALS					\$	\$	\$	\$	\$

Schedule B Summary

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

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

* 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

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1



SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amezcuca 4 Mayor - 2010

Statement covers period from _____ through _____

16 / 25

I.D. NUMBER

1322638

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Alfredo Amezcuca 1319 N. Broadway Santa Ana ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE 12/31/2010	0.00 % RATE	\$ 10000.00 DATE INCURRED 12/01/2009	\$ 80000.00 PER ELECTION**
Alfredo Amezcuca 1319 N. Broadway Santa Ana ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Alfredo Amezcuca & Associates Attorney	\$ 10000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10000.00 DATE DUE 12/31/2010	0.00 % RATE	\$ 10000.00 DATE INCURRED 11/11/2009	\$ 80000.00 PER ELECTION**

SUBTOTALS \$ 30000.00 \$ 0.00 \$ 110000.00 \$ 0.00

Schedule B Summary

- Loans received this period _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period _____ \$ _____
(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 \$ _____
Enter the net here and on the Summary Page, Column A, Line 2.

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

* 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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA
FORM **460**

Statement covers period
from _____
through _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amezcuca 4 Mayor - 2010

I.D. Number

1322638

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)
Rcpt Dt: 09/25/2010	Mexicanisimo Restaurant 2323 W. 1st Street Santa Ana CA 92703 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fundraising Costs	250.00	250.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 250.00

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 250.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 250.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Amezoua 4 Mayor - 2010

Statement covers period from _____ through 18 / 25

I.D. NUMBER: 1322638

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Alarm Systems, Inc. 1101 South Grand Avenue, Suite G Santa Ana CA 92705	OFC			280.00
AT&T Payment Center Sacramento CA 95887-0001	OFC			202.54
Final Arts 15681 Spar Street Garden Grove CA 92853	PRT			4978.58
SUBTOTAL \$				

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	32024.87
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.)	TOTAL \$	32024.87

Schedule E Payments Made

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

SCHEDULE E
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcuca 4 Mayor - 2010

Statement covers period

from

through

19 / 25

I.D. NUMBER

1322638

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Printing Company, Inc. 9330 San Fernando Rd. Sun Valley CA 91352	LIT			5178.01
Juan de Leon 2171 Markham Way Sacramento CA 95818	PRO			3500.00
Kaufman Legal Group 777 S. Figueroa St., Ste. 4050 Los Angeles CA 90017	PRO			10000.00
SUBTOTAL \$				

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$
2. Unitemized payments made this period of under \$100. \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$**

Schedule E Payments Made

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

SCHEDULE E
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Amezcuca 4 Mayor - 2010

Statement covers period from _____ through 20 / 25

I.D. NUMBER: 1322638

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Merchant Bankcard Fee 5701 Lindero Canyon Rd., Building 3 Westlake Village CA 91362	OFC			56.03
Pacific Creative 419 S. Third Ave Arcadia CA 91006	WEB			1270.00
SG&A Campaigns 600 Playhouse Alley #504 Pasadena CA 91101	CNS			5000.00
SUBTOTAL \$				

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

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

SCHEDULE E
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcu 4 Mayor - 2010

Statement covers period
from _____
through _____

21 / 25

I.D. NUMBER

1322638

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southern California Edison P.O. Box 300 Rosemead CA 91772	OFC			552.41
Spotlight Photography 17711 Leslie Ave Cerritos CA 90703	PRO			350.00
The Gas Company 1600 Corporate Center Dr. Monterey Park CA 91754	OFC			79.94
SUBTOTAL \$				

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezoua 4 Mayor - 2010

Statement covers period

from _____

through _____

22 / 25

I.D. NUMBER

1322638

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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Time Warner Cable
PO Box 60074

City of Industry CA 91716

ID:

OFC

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

577.35

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

SUBTOTAL \$ 32024.87

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ _____

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM 460
_____	23 / 25
I.D. NUMBER 1322638	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcuia 4 Mayor - 2010

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/bailot 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, email)

NAME AND ADDRESS OF PAYEE OR 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
All Direct Mail Services, Inc. 15392 Cobalt St. Sylmar CA 91342	POS	0.00	5475.00	0.00	5475.00
All Direct Mail Services, Inc. 15392 Cobalt St. Sylmar CA 91342	LIT	0.00	1052.50	0.00	1052.50
AT&T Payment Center Sacramento CA 95887-0001	OFC	44.95	0.00	0.00	44.95
SUBTOTALS \$		\$	\$	\$	\$

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

Schedule F Summary

1. 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 \$	7083.56
2. 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 \$	1285.41
3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.	NET \$	5798.15

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	24 / 25
	I.D. NUMBER 1322638

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amezcuca 4 Mayor - 2010

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 |
| CNS | campaign consultants | MTG | meetings and appearances |
| CTS | contribution (explain: nonmonetary)* | OFC | office expenses |
| CVC | civic donations | PET | petition circulating |
| FIL | candidate filing/ballot fees | PHO | phone banks |
| FND | fundraising events | POL | polling and survey research |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services |
| LEG | legal defense | PRO | professional services (legal, accounting) |
| LIT | campaign literature and mailings | PRT | print ads |
| | | RAD | radio airtime and production costs |
| | | RFD | returned contributions |
| | | SAL | campaign workers' salaries |
| | | TEL | t.v. or cable airtime and production costs |
| | | TRC | candidate travel, lodging, and meals |
| | | TRS | staff/spouse travel, lodging, and meals |
| | | TSF | transfer between committees of the same candidate/sponsor |
| | | VOT | voter registration |
| | | WEB | information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Continuing the Republican Revolution 1300 Bristol Street North, Ste. 100 Newport Beach CA 92660	LIT		0.00	500.00	0.00	500.00
Kaufman Legal Group 777 S. Figueroa St., Ste. 4050 Los Angeles CA 90017	OFC		0.00	56.06	0.00	56.06
Pacific Creative 419 S. Third Ave Arcadia CA 91006	WEB		1270.00	0.00	1270.00	0.00
SUBTOTALS \$			\$	\$	\$	\$

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

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 \$** _____
- 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 \$** _____
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9. **NET \$** _____

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

SCHEDULE F

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

Statement covers period from _____ through _____	25 / 25
CALIFORNIA FORM 460	
I.D. NUMBER 1322638	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Amezoua 4 Mayor - 2010

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR ID:	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Gas Company 1600 Corporate Center Dr. Monterey Park CA 91754		OFC	15.41	0.00	15.41	0.00

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

Schedule F Summary

1. 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.)	7083.56 \$	1285.41 \$	7128.51
2. 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.)			
3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)			
	SUBTOTALS \$	INCURRED TOTALS \$	PAID TOTALS \$
		NET \$	