

**Statement of Organization  
Recipient Committee**

Type or print in ink

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_  
Date qualified as committee \_\_\_\_\_  
(if applicable)

# 1319152  
Date of Termination 12 / 31 / 09

STATEMENT OF ORGANIZATION  
RECEIVED CALIFORNIA FORM 410  
Date Stamp FEB 11 12 (Not Official Use Only)  
Town of San Anselmo

**1. Committee Information**

NAME OF COMMITTEE  
Judy House for San Anselmo Town Council 2009

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Lawrence J. Lococo  
STREET ADDRESS (NO P.O. BOX)  
17 Mountain View Avenue

STREET ADDRESS (NO P.O. BOX)  
20 Rancho Drive  
CITY San Anselmo  
STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-485-4454  
MAILING ADDRESS (IF DIFFERENT)

STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-464-0600

NAME OF ASSISTANT TREASURER, IF ANY  
JUDY HOUSE  
STREET ADDRESS (NO P.O. BOX)  
20 RANCHO DR  
CITY SAN ANSELMO CA 94960  
STATE CA ZIP CODE 94960 AREA CODE/PHONE 415-485-4454  
NAME OF PRINCIPAL OFFICER(S)

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_  
COUNTY OF DOMICILE Marin  
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1-25-2010 DATE  
Executed on 1-29-10 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

COPY

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Judy House for Town Council 2009

Page 3  
I.D. NUMBER  
1319152

**4. Type of Committee** (Continued)

**General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  
 CITY Committee     COUNTY Committee     STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

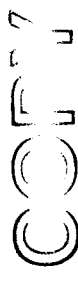
STATE

ZIP CODE

**Small Contributor Committee**  \_\_\_\_\_  
Date qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|                               |                            |            |
|-------------------------------|----------------------------|------------|
| Date Stamp<br><b>RECEIVED</b> | <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| FEB 1 2010                    | Page <u>1</u> of <u>6</u>  |            |
| Town of San Anselmo           | For Official Use Only      |            |

|  |   |
|--|---|
| Statement covers period<br>from <u>Oct. 18, 2009</u><br>through <u>Dec. 31, 2009</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>Nov. 11, 2009</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)   |   |

**3. Committee Information**

I.D. NUMBER  
1319152

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

Judy House for San Anselmo Town Council 2009

STREET ADDRESS (NO P.O. BOX)

20 Rancho Drive

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 415-485-4454

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

Larry Lococo

MAILING ADDRESS

17 Mountain View Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 415-456-2031

NAME OF ASSISTANT TREASURER, IF ANY

JUDY HOUSE

MAILING ADDRESS

20 Rancho Dr

CITY STATE ZIP CODE AREA CODE/PHONE

San Anselmo CA 94960 415-485-4454

OPTIONAL: FAX / E-MAIL ADDRESS

415.4454

**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 1-29-2010  
Date

Executed on 1.29.10  
Date

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

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

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Judy House
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Town Council, San Anselmo, CA
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 20 Rancho Drive San Anselmo, CA 94960

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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes fields for NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT OPPOSE. Includes fields for NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT, OPPOSE.

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>Oct. 18, 2009</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>Dec. 31, 2009</u>                         |                                |
| Page <u>3</u> of <u>6</u>                            | I.D. NUMBER<br>1319152         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Judy House for San Anselmo Town Council 2009

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>5083</u>   | \$ <u>8592</u>                             |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | \$ <u>-5500</u>  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>-417</u>   | \$ <u>8592</u>                             |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>-417</u>   | \$ <u>8592</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>50</u>   | \$ <u>8592</u>                             |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>50</u>   | \$ <u>8592</u>                             |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> |  |  |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         |  |  |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>50</u>   | \$ <u>8592</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 ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>467</u>  |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | \$ <u>-417</u> |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                |                |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | \$ <u>50</u>   |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u>    |

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

|  |          |
|--|----------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ _____ |
|--|----------|

**Cash Equivalents and Outstanding Debts**

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

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.

**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>Oct. 18, 2009</u><br>through <u>Dec. 31, 2009</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>4</u> of <u>6</u>      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Judy House for San Anselmo Town Council 2009

I.D. NUMBER

1319152

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/03/09           | Judith Rosa   | <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 |   | 150                         | 150  |                                       |
| 12/18/09           | Hal Brown   | <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 |   | 150                         | 150  |                                       |
| 12/31/09           | Peter Breen   | <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 |   | 1834                        | 1834   |                                       |
| 12/31/09           | Judy House - loan forgiveness   | <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 |   | 2949                        | 2949   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>5083</b>                 |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 5083
- Amount received this period – unitemized monetary 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 \$** 5083

\*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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from Oct. 18, 2009  
through Dec. 31, 2009

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Judy House for San Anselmo Town Council 2009

I.D. NUMBER  
1319152

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | AMOUNT<br>RECEIVED THIS<br>PERIOD | AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*          |   | OUTSTANDING<br>BALANCE<br>CLOSE OF THIS<br>PERIOD | INTEREST<br>PAID THIS<br>PERIOD | ORIGINAL<br>AMOUNT OF<br>LOAN | CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|---|---|--|-----------------------------------|---|---|---|---------------------------------|-------------------------------|--|
|   |   |  |                                   | PAID  | FORGIVEN  |   |                                 |                               |  |
| Judy House<br>20 <del>19</del> Rancho Drive<br>San Anselmo, CA 94960  | Healthcare<br>Administrator, Psych<br>Strategies, Inc.  | \$ 5500  | \$                                | <input checked="" type="checkbox"/> PAID<br>\$ 2551 | <input checked="" type="checkbox"/> FORGIVEN<br>\$ 2949 | \$ 0  | %                               | \$ 1000                       |  |
| <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>\$                 | <input type="checkbox"/> FORGIVEN<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>\$                 | <input type="checkbox"/> FORGIVEN<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>\$                 | <input type="checkbox"/> FORGIVEN<br>\$                 | \$  | %                               | \$                            |  |
| <b>SUBTOTALS \$</b>   |   |  |                                   | <b>\$ 5500</b>                                      | <b>\$</b>   |   |                                 |                               |  |

**Schedule B Summary**

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

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 5500  
(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 \$ -5500**  
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.

SCHEDULEE

|                         |               |                               |
|-------------------------|---------------|-------------------------------|
| Statement covers period |               | CALIFORNIA<br>FORM <b>460</b> |
| from                    | Oct. 18, 2009 |                               |
| through                 | Dec. 31, 2009 | Page <u>6</u> of <u>6</u>     |
|                         |               | I.D. NUMBER<br>1319152        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Judy House for San Anselmo Town Council 2009

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

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

| NAME AND ADDRESS OF PAYEE<br>(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 .....   | \$ <u>50</u>              |
| 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.) ..... | <b>TOTAL \$ <u>50</u></b> |