

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

<p>Statement covers period from <u>January 1, 2020</u> through <u>June 30, 2020</u></p>		<p>Date of election if applicable: (Month, Day, Year) <u>November 3, 2020</u></p>												
<p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <table> <tr> <td><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee</td> <td><input type="checkbox"/> Primarily Formed Ballot Measure Committee</td> <td><input type="checkbox"/> Quarterly Statement</td> </tr> <tr> <td><input type="radio"/> State Candidate Election Committee</td> <td><input type="radio"/> Controlled</td> <td><input type="checkbox"/> Special Odd-Year Report</td> </tr> <tr> <td><input type="radio"/> Recall</td> <td><input type="radio"/> Sponsored</td> <td><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</td> </tr> <tr> <td>(Also Complete Part 5)</td> <td>(Also Complete Part 6)</td> <td>(Also Complete Part 7)</td> </tr> </table> <p><input type="checkbox"/> General Purpose Committee</p> <p><input type="radio"/> Sponsored</p> <p><input type="radio"/> Small Contributor Committee</p> <p><input type="radio"/> Political Party/Central Committee</p>			<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement	<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	<input type="checkbox"/> Special Odd-Year Report	<input type="radio"/> Recall	<input type="radio"/> Sponsored	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495	(Also Complete Part 5)	(Also Complete Part 6)	(Also Complete Part 7)
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement												
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	<input type="checkbox"/> Special Odd-Year Report												
<input type="radio"/> Recall	<input type="radio"/> Sponsored	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495												
(Also Complete Part 5)	(Also Complete Part 6)	(Also Complete Part 7)												

**3. Committee Information**

I.D. NUMBER  
1359246

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

Committee to Elect Ann Schneider to Millbrae City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY Millbrae STATE CA ZIP CODE 94030 AREA CODE/PHONE ██████████

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SchneiderAnn@juno.com

**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 July 31, 2020  
Date ██████████

By ██████████ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on July 31, 2020  
Date ██████████

By ██████████ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Date Stamp  
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For Official Use Only

AUG - 5 2020

**CITY OF MILLBRAE**

**ADMIN. DEPT.**

**2. Type of Statement:**

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

**Treasurer(s)**

NAME OF TREASURER

Jacqueline Schneider

MAILING ADDRESS

CITY Millbrae STATE CA ZIP CODE 94030 AREA CODE/PHONE ██████████

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

650-692-1908 / schneiderfam@att.net

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

Type or print in ink.

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ann Schneider

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

Millbrae City Council

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

Millbrae CA 94030

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

**Attach continuation sheets if necessary**

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

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I.D. NUMBER  
1359246

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ann Schneider to Millbrae City Council 2020

Statement covers period  
from January 1, 2020  
through June 30, 2020

**Contributions Received**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 1000.00	\$ 1000.00
2. Loans Received .....	Schedule B, Line 3	\$ 0	\$ 38500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 0	\$ 1000.000
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 00	\$ 1000.00

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

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 0	\$ 50.00
7. Loans Made .....	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 0	\$ 50.00

**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
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 345.88
13. Cash Receipts .....	Column A, Line 3 above	\$ 1000.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ .01
15. Cash Payments .....	Column A, Line 8 above	\$ 50.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1295.89

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0
------------------------------------	--------------------	------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	See instructions on reverse	\$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 32,500.00

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

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SEE INSTRUCTIONS ON REVERSE

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Committee to Elect Ann Schneider to Millbrae City Council 2020

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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)
5/7/2020	Jacqueline Schnieder [REDACTED] Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1000.00	10000.00	1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>10000.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ **1000.00**
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ **0**
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 1000.00**

\*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

## Schedule B – Part 1

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

**SCHEDULE B-PART 1**

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SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

Statement covers period  
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Committee to Elect Ann Schneider to Millbrae City Council 2020

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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
Jacqueline Schneider [REDACTED] Millbrae, CA 94030	Retired			<input type="checkbox"/> PAID \$ 0.00	\$ 27,000.0	0 % RATE	\$ 10,000.	CALENDAR YEAR \$ 27000.00 PER ELECTION **
<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 32000.00	\$ 0	<input type="checkbox"/> FORGIVEN \$ 0	12/31/25 DATE DUE	\$ [REDACTED] \$ 9/5/13 DATE INCURRED	\$ 13500.00	
Ann Schneider [REDACTED] Millbrae, CA 94030	Candidate			<input type="checkbox"/> PAID \$ 0	\$ 5500.00	0 % RATE	\$ 2,500.0	CALENDAR YEAR \$ 5500.00 PER ELECTION **
<sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,500.00	\$ 0	<input type="checkbox"/> FORGIVEN \$ 0	12/31/25 DATE DUE	\$ [REDACTED] \$ 9/5/13 DATE INCURRED	\$ 3000.00	
Richard Schneider [REDACTED] Millbrae, CA 94030	Retired			<input type="checkbox"/> PAID \$ 0	\$ 0.00	0 % RATE	\$ 6000.00	CALENDAR YEAR \$ 6000.00 PER ELECTION **
<sup>†</sup> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 6000.00	\$ 0	<input type="checkbox"/> FORGIVEN \$ 6000.00	12/31/19 DATE DUE	\$ [REDACTED] \$ 9/1/15 DATE INCURRED	\$ 6000.00	
<b>SUBTOTALS \$</b>				0 \$ 6000.00	\$ 32500.00	\$ 0		

## Schedule B Summary

(Enter (e) on  
Schedule F, line 3)

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
  2. 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.)
  3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 32,500.00**  
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., bu

PTY – Political Party

SCC – Small Contributor Committee

Digitized by srujanika@gmail.com

\*Amounts forgiven or paid by another party also must be reported on Schedule A

\*\* If required.

**Schedule B – Part 2**  
**Loan Guarantors**

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

SCHEDULE B - PART 2

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SEE INSTRUCTIONS ON REVERSE

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Committee to Elect Ann Schneider to Millbrae City Council 2020

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FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Richard & Jacqueline Schnieder [REDACTED] Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	LENDER <u>Jacqueline Schneider</u> DATE <u>9/5/2013</u>	0 \$ 9000.00 PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ 9000.00	27,000.00
Ann Schneider [REDACTED] Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Manager/ Educator Self employed	LENDER <u>Ann Schneider</u> DATE <u>9/5/2013</u>	0 \$ 3000.00 PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ 3000.00	5500.00
Richard John Schneider [REDACTED] Millbrae, CA 94030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deceased 8/13/2018	LENDER <u>Richard John Schneidr</u> DATE <u>9/1/2015</u>	0 \$ 6000.00 PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ 6000.00	0.00
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER [REDACTED] DATE [REDACTED]		CALENDAR YEAR \$ [REDACTED] PER ELECTION (IF REQUIRED) \$ [REDACTED]	
<b>SUBTOTAL</b> \$ 0				Enter on Summary Page, Line 17 only.		

**Schedule E  
Payments Made**

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

Statement covers period from <u>January 1, 2020</u>		CALIFORNIA FORM <b>460</b>
through <u>June 30, 2020</u>		Page <u>7</u> of <u>8</u>
		I.D. NUMBER <u>1359246</u>

SEE INSTRUCTIONS ON REVERSE

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Committee to Elect Ann Schneider to Millbrae City Council 2020

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State Political Reform Division 1500 11th Street, Room 495 Sacramento, CA 95814	FIL	Annual Filing Fee for Campaign Committee for 2018	50.00

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

**SUBTOTAL \$** 50.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>50.00</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
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>50.00</u></b>

**Schedule I**  
**Miscellaneous Increases to Cash**

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

SCHEDULE I

**460**

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Committee to Elect Ann Schneider to Millbrae City Council 2020

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 1359246

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/30/2018	Wells Fargo Bank, Savings account	Interest	.01

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 01**

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 0.01
2. Unitemized increases to cash of under \$100 this period. .... \$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$ 0.01**