Recipent Committee  
Campaign Statement  
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Use Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [X] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 6)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Amendment (Explain below)

3. Committee Information
   - ID NUMBER: 1396776
   - Chairman Name (or Candidate's name if no Committee):
     Charlie Drechsler for City Council 2017
   - STREET ADDRESS (NO P.O. BOX):
   - CITY: San Mateo
   - STATE: CA
   - ZIP CODE: 94401
   - AREA CODE/PHONE:

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 1/31/19
   Executed on 1/6/19
   Executed on 1/29/2019
   Executed on

   By: [Signature of Treasurer]
   [Name of Treasurer]
   [Address]
   [City, State, Zip Code]

   By: [Signature of Assistant Treasurer]
   [Name of Assistant Treasurer]
   [Address]
   [City, State, Zip Code]
5. Officeholder or Candidate Controlled Committee

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<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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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.*

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6. Primarily Formed Ballot Measure Committee

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<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

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

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<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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<th>OFFICE SOUGHT OR HELD</th>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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Attach continuation sheets if necessary
## Contributions Received

| 1. Monetary Contributions | Schedule A, Line 3 | $ | $ |
| 2. Loans Received | Schedule B, Line 3 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ | $ |
| 4. Nonmonetary Contributions | Schedule C, Line 3 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ | $ |

## Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $ 165 | $ 330 |
| 7. Loans Made | Schedule H, Line 3 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 165 | $ 330 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 165 | $ 330 |

## Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 320 |
| 13. Cash Receipts | Column A, Line 3 above |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 |
| 15. Cash Payments | Column A, Line 8 above | $ 165 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 155 |

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

## Cash Equivalents and Outstanding Debts

| 18. Cash Equivalents | See instructions on reverse | $ |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ |

---

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

| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

**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 | $ | $ |

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule A Summary

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

2. Amount received this period – unitemized monetary 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 (other than PTY or SCC)
- OTH = Other (e.g., business entity)
- PTY = Political Party
- SCC = Small Contributor Committee

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from __________ to __________
through __________

Charlie Drechsler for City Council

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

$ __________________

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### Schedule B – Part 2
#### Loan Guarantors

Amounts may be rounded to whole dollars.

**Statement covers period**

from 07/01/18

through 12/31/18

**NAME OF FILER**

Charlie Drechsler for City Council

**FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR**

(If Committee, also enter I.D. Number)

**CONTRIBUTOR CODE**

- □ IND
- □ COM
- □ OTH
- □ PTY
- □ SCC

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

(If self-employed, enter name of business)

- LENDER

**LOAN**

- DATE

**AMOUNT GUARANTEED THIS PERIOD**

- CALENDAR YEAR

**CUMULATIVE TO DATE**

- PER ELECTION (IF REQUIRED)

- $___________

**BALANCE OUTSTANDING TO DATE**

- $___________

---

**SUBTOTAL** $

(Enter on Summary Page, Line 17 only)

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

### Statement covers period
- From: 07/01/18
- Through: 12/31/18

### NAME OF FILER
Charlie Drechsler for City Council

### I.D. NUMBER
1396776

<table>
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<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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Attach additional information on appropriately labeled continuation sheets.

### SUBTOTAL $ 

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .................. $ 

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................. $ 

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................. $ 

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

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FPCC Advice: advice@fpc.ca.gov (866/275-3772)
www.fpc.ca.gov
## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................... $ ______

2. Unitemized contributions and independent expenditures made this period of under $100. .......................... $ ______

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL: $ ______

---

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

**NAME OF FILER**  
Charlie Drechsler for City Council

**DATE**  

**NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE**  

**TYPE OF PAYMENT**  
- [ ] Monetary Contribution  
- [ ] Nonmonetary Contribution  
- [ ] Independent Expenditure

**DESCRIPTION (IF REQUIRED)**  

**AMOUNT THIS PERIOD**  

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

**PER ELECTION TO DATE (IF REQUIRED)**  

**SUBTOTAL $**  

---

CALIFORNIA FORM 460  
Page 8 of 13
**Schedule E**

**Payments Made**

**NAME OF FILER**

Charlie Drechsler for City Council

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

- **CMP** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **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/sponor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**

**(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDF Filler (617) 275-2628 1371 Beacon Street Brookline, MA 02446</td>
<td>WEB</td>
<td>Software subscription</td>
<td>120.00</td>
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</table>

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

**SUBTOTAL $**

120.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................... $ 120

2. Unitemized payments made this period of under $100 ................................................................. $ 45

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................ $ 165

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 165
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/18
through 12/31/18

NAME OF FILER
Charlie Drechsler for City Council

I.D. NUMBER
1396776

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- 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, e-mail)

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

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

SUBTOTALS $ $ $ $

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 $

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 $

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 $

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/18
through 12/31/18

**Charlie Drechsler for City Council**

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

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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<tbody>
<tr>
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</table>

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/18 through 12/31/18

Charlie Drechsler for City Council

<table>
<thead>
<tr>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS THIS PERIOD*</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST RECEIVED</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE LOANS TO DATE</th>
</tr>
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<tbody>
<tr>
<td>□ PAID $ __________ □ FORGIVEN $ __________ □ PAID $ __________ □ FORGIVEN $ __________ □ PAID □ FORGIVEN $ __________ □ PAID $ __________ □ FORGIVEN $ __________ □ PAID $ __________ □ FORGIVEN $ __________ □ PAID $ __________ □ FORGIVEN $ __________</td>
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS $ __________ $ __________ $ __________ $ __________

(Schedule H Summary)

1. Loans made this period ................................................................. $ __________
   (Total Column (b) plus unitemized loans of less than $100.)

2. Payments received on loans .......................................................... $ __________
   (Total Column (c) plus unitemized payments of less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....................... NET $ __________
   (Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**If Required

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule I

**Miscellaneous Increases to Cash**

 Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>SCHEDULE I</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/18</td>
<td></td>
<td>Page 13 of 13</td>
</tr>
<tr>
<td>through 12/31/18</td>
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</table>

#### SEE INSTRUCTIONS ON REVERSE

#### NAME OF FILER

Charlie Drechsler for City Council

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
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<tbody>
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*Attach additional information on appropriately labeled continuation sheets.*

### Schedule I Summary

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