

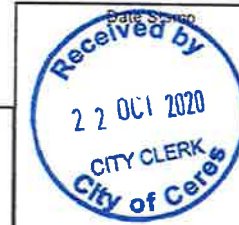
**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA FORM 460

Page 03 of 20

For Official Use Only



Statement covers period
from 09/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1432760

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

KANDA FOR CERES CITY COUNCIL DIST 3 IN 2020

STREET ADDRESS (NO P.O. BOX)

3530 MITCHELL RD, SUITE G

CITY STATE ZIP CODE AREA CODE/PHONE

CERES CA 95307 209-211-3333

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

3530 MITCHELL RD, SUITE G

CITY STATE ZIP CODE AREA CODE/PHONE

CERES CA 95307 209-211-3333

OPTIONAL FAX / E-MAIL ADDRESS

NAME.LAGER@CERESCITYCALIFORNIA.COM

Treasurer(s)

NAME OF TREASURER

SURJIT SINGH

MAILING ADDRESS

3530 MITCHELL RD, SUITE G

CITY STATE ZIP CODE AREA CODE/PHONE

CERES CA 95307 209-211-3333

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 10/20/2020
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 10/20/2020
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 MOHINDER SINGH KANDA
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 CITY OF CERES DIST 3
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 [REDACTED] CERES CA 95307

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
KANDA FOR CERES DIST 3 IN 2020	1432760

NAME OF TREASURER	CONTROLLED COMMITTEE?
SURJIT SINGH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
[REDACTED]	[REDACTED]		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
CERES	CA	95307	209-614-7997

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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/20/2020</u>	CALIFORNIA FORM 460
through <u>10/17/2020</u>	
Page <u>07</u> of <u>20</u>	I.D. NUMBER 1432760

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOHINDER SINGH KANDA

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 7701	\$ 7701
2. Loans Received..... Schedule B, Line 3	00	00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7701	\$ 7701
4. Nonmonetary Contributions..... Schedule C, Line 3	00	00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7701	\$ 7701

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 4800	\$ 4800
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 4800	\$ 4800
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 6 + 9 + 10	\$ 4800	\$ 4800

**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	\$ 428
13. Cash Receipts..... Column A, Line 3 above	7701
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	4800
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2929

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>33</u>	I.D. NUMBER 1432760

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MOHINDER SINGH KANDA

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2020	SUKHDEV SINGH GILL [REDACTED] MODESTO CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SGS FAMILY INC	200	200	200 G-2020
10/10/2020	NIRVAIL SINGH [REDACTED] MODESTO CA 95351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WESTERN SINGH BROKERS	200	200	200 G-2020
10/13	RAMA K.DAWAR [REDACTED] FRESNO CA 93705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RAMA INTERPRETAION SERVICES	750	750	200 G-2020
10/12	KULDEEP S.PATTAR [REDACTED] CERES CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PATTAR TRANS INC	500	500	500 G-2020
10/07	JASWANT SINGH PANNU [REDACTED] CERES CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JRP REAL ESTATE	200	200	200 G-2020
SUBTOTAL \$				1850		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1850
- 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 \$** 1850

*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 A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
Page <u>09</u> of <u>20</u>	I.D. NUMBER 1432760

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MOHINDER SINGH KANDA

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30	SURJIT SINGH MALHI 27 [REDACTED], TURLOCK CA 95382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRUCKING BUSINESS	250	250	250 G-2020
09/27	AVINASH SINGH KANG [REDACTED], CERES CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KANG TRANS INC	500	500	500 G-2020
10/02	RANJIT SINGH	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WHITE HAWK CARRIERS	500	500	500 G-2020
10/05	HARPREET KAUR [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INDIAN SWEETS	200	1000	1000 G-2020
10/02	MANMEET SINGH GREWAL [REDACTED] MODESTO CA 95356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MRI 2018 HOLDING GROUP LLC	701	701	701 G-2020
SUBTOTAL \$				2151		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2151
- 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 \$** 2151

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 11 of 33
NAME OF FILER		I.D. NUMBER
MOHINDER SINGH KANDA		1432760

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	PAL CHADHA [REDACTED] CERES CA 95307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHADHA CONSTRUCTION INC	250	250	250 G-2020
10/11	GURVINDER SINGH [REDACTED] CERES CA 95307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRUCKING	100	100	100 G-2020
10/11/2020	TAJINDER S BAHIA [REDACTED] MODESTO CA 95356	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRUCKING	300	300	300 G-2020
10/15/2020	SURJIT SINGH TALWAN [REDACTED] CERES CA 95307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUNJAB PLAZA	500	500	500 G-2020
10/19	ASHWANI KUMAR [REDACTED] GLENOAKS NY 11004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTING OFFICE	500	500	500 G-2020
SUBTOTAL \$ 1650						

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page <u>11</u> of <u>20</u>

NAME OF FILER MOHINDER SINGH KANDA	I.D. NUMBER 1432760
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2020	NIRMAL S RAI [REDACTED] MODESTO CA 95351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR	250	250	250 G-2020
10/07	BHUPINDER S.DOSANJH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AGRICULTURE	100	250	250 G-2020
10/09	SUKHCHAIN SINGH GILL [REDACTED] FRENCH CAMP CA 95231	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A& A INTERMODEL INC	1000	100	100 G-2020
10/10	PARDEEP SINGH [REDACTED] CERES CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A ONE AUTO REPAIR	500	500	100 G-2020
10/08	AMRIK SINGH [REDACTED] CERES CA 95307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NAV INDIAN STORE	200	200	200 G-2020
SUBTOTAL \$ 2050						

*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

All amounts may be rounded to whole dollars.

Statement covers period from 09/20/2020 through 10/17/2020

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
MOHINDER SINGH KANDA

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I.D. NUMBER
1432760

	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	CUMULATIVE CONTRIBUTIONS TO DATE
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC MOHINDER SINGH KANDA APNA SEWA CENTER	5000	\$ 5000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000	_____ _____ _____	_____% _____ _____	\$ 5000	_____ _____ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____	_____ _____ _____	_____% _____ _____	\$ _____	_____ _____ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____	_____ _____ _____	_____% _____ _____	\$ _____	_____ _____ _____
SUBTOTALS		\$ 5000	\$ _____	\$ 5000	\$ _____	\$ _____	\$ _____	\$ _____

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

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 5000

2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ _____

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 5000**

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
 IND – Individual
 COM – Recipient Committee
 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.

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period

from 09/20/2020

through 10/17/2020

**CALIFORNIA 460
FORM**

Page 27 of 33

NAME OF FILER

MOHINDER SINGH KANDA

I.D. NUMBER

1432760

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

GMP 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

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)

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(a)	(b)	(c)	(d)
			OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
ROSA M MORENO ALVAREZ	CMP	CMP	790	1550	1000	1340	
MANPREET KAUR	CMP	CMP	840	960	1500	300	
RAMANDEEP KAUR CHUNG	OFC	OFC	730	625	950	405	
MOHINDER SINGH KANDA	TRC	TRC	750	600	1350	0	
SUBTOTALS \$			3110	\$ 3735	\$ 4800	\$ 2045	