B. 1.1				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	FORM TOO
(Government Code Sections 84200-84216.5)	r .		CITY OF PICO RIVERA	
13. 10	Statement covers period	Date of election if applicable: (Month, Day, Year)	3	Page1 of10
	from01/01/2023	(Month, Day, Tear)	2023 AUG -3 PM 3: 49	For Official Use Only
	through 06/30/2023	11/03/2020		
SEE INSTRUCTIONS ON REVERSE	through0673072023			
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
□ Officeholder, Candidate Controlled Committee □	Primarily Formed Ballot Measure	Preelection Statement		y Statement
State Candidate Election Committee Recall	Committee Controlled	Semi-annual Statement Termination Statement	C openia.	Odd-Year Report nental Preelection
(Also Complete Part 5)	Sponsored	(Also file a Form 410 T		nt - Attach Form 495
General Purpose Committee	(Also Complete Part 6)	Amendment (Explain b	pelow)	
O Sponsored	Primarily Formed Candidate/			
Small Contributor Committee	Officeholder Committee (Also Complete Part 7)	-		
O Political Party/Central Committee	price complete. arry	-		
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	1429490	NAME OF TREASURER		
Andrew C. Lara for Pico Rivera City Council		Vona Copp		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
		Logan Copp		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDI	RES\$	
 Verification I have used all reasonable diligence in preparing and review 	ing this statement and to the best of my kn	oulodge the information contained be	arein and in the attached schedules	is true and complete. I certify
under penalty of perjury under the laws of the State of Califor	rnia that the foregoing is true and correct.	owledge the information contained he	STERFIELD IN THE CITED HEAD SOLIC COLOR	is the diffe sompletor i settiny
	5,5,5,5 met free light 1,5,5,7 men en e			
Executed on	Ву			_
Executed on 07/07/2023	Ву			_
Executed on	Signature of Co	ontrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
		-g		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNI RM	460				
Page	2	of10				

Officeholder or Candidate Controlled Co	mmittee	6	. Primarily	y Formed Ballo	t Measure C	ommittee	;	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BA	ALLOT MEASURE				
Andrew Lara					T			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)	BALLOT NO	OR LETTER	JURISDICTION	1] [SUPPORT
City Council Member City			2					OPPOSE
RECIDENTIAL PURINESS APPRESS (NO. AND STREET)	CITY STATE	ZIP	Identify th	ne controlling offi	ceholder, can	lidate, or st	tate measure	proponent, if any
			NAME OF C	FFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to		OFFICE SO	UGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		-					
NAME OF TREASURER	CONTROLLED COMMITTE		. Primaril	y Formed Cand	lidate/Office	holder Co	ommittee	List names of
	YES NO		- Unicerioide	si(s) or candidate(s)	TOI WINGII and			
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF C	FFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE	PHONE	NAME OF C	FFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF C	FFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE YES NO	E?	NAME OF C	FFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE	P.O. BOX) ZIP CODE AREA CODE	E/PHONE	0	Attac	h continuatio	n sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY P	AGE
Statem	ent covers period	CALIFORNIA 16	n
from	01/01/2023	FORM 40	Y
through _	06/30/2023	Page3 of10	_
		I.D. NUMBER	_
		1429490	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Andrew C. Lara for Pico Rivera City Council 2020 1429490 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 0.00 1. Monetary Contributions Schedule A, Line 3 \$ ____ 1/1 through 6/30 7/1 to Date 18,000.00 0.00 20. Contributions 18,000.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 Received 0.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 18,000.00 0.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ **Expenditures Made** Expenditure Limit Summary for State \$ _____ 110.00 Candidates 0.00 0.00 22. Cumulative Expenditures Made* 110.00 110.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ _____ 404.50 3,578.38 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 3,688.38 **Current Cash Statement** 587.17 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 110.00 Column A may be negative 477.17 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ 21,578.38 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

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

							SCHE	EDULE B - PART 1
Schedule B – Part 1	Amo	mounts may be rounded			Statement cov	ers period	CALIFORNIA 460	
Loans Received		to whole dollars.				1/2023	FORM	<u> 400 </u>
				1				
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2023	Page4	of
NAME OF FILER							I.D. NUMBER	
Andrew C. Lara for Pico Rivera City Co	uncil 2020						1429490	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. 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	(¢) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Andrew C Lara	Nurse	PENOD		PAID	- TENIOD			CALENDAR YEAR
	PIH Realth			\$0_0	10,000.00	0.00.% RATE	\$ 10,000.00	\$0.00 PER ELECTION**
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 10,000.00	\$0.00	\$0.0	12/31/2020 DATE DUE	\$0.0	08/20/2020 DATE INCURRED	\$G2020 18,000.0
Andrew C. Lara	Nurse PIH Health			PAID				CALENDAR YEAR
				\$0_0	n \$	0_00% RATE	\$_5,000.00	\$0.00 PER ELECTION ***
†∏ IND □ COM □ OTH □ PTY □ SCC		\$5,000.00	\$0.00	\$0_0	12/31/2020 DATE DUE	\$0.0	09/15/2020 DATE INCURRED	\$ G2020 18,000.0
Andrew C. Lara	Nurse PIH Health			PAID				CALENDAR YEAR
				\$0.0	3,000.00	0_00.% RATE	\$ _3,000.00	\$ 0.00 PER ELECTION **
t IND □ COM □ OTH □ PTY □ SCC		\$3,000,00	\$0.00	\$0.0	00 12/31/2020 DATE DUE	\$0_0	0 10/21/2020 DATE INCURRED	\$G2020 18,000.0
		SUBTOTALS \$	0.00	\$ 0.	.00\$ 18,000.00	\$ 0.0	0	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loans)				\$ ==	0.00	_	Contributor Codes	
2 Loans paid or forgiven this period	3 01 1633 tilati y 100.j			\$	0.00		ND – Individual	

1. 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.)

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

(May be a negative number)

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.

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

								SCHEDULE
Schedule E Payments Made	Amounts may be rounded to whole dollars.		s	tatem	ent covers period	CALIFORNIA 460		
Fayments Made	to whole d	ollars.		fror	n	01/01/2023	- 10	KIVI
SEE INSTRUCTIONS ON REVERSE				thro	ough .	06/30/2023	Page _	5 of 10
NAME OF FILER				'			I.D. NUI	MBER
Andrew C. Lara for Pico Rivera City Council 2020							14294	90
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey resear very and me	s	RAD RFD SAL TEL TRC	radio return camp t.v. o cand staff/ trans voter	airtime and productioned contributions paign workers' salarion cable airtime and polidate travel, lodging, spouse travel, lodging.	es roduction cost and meals ig, and meals tees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (DR DE	SCRIPTIO	N OF P	AYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.				SUBTOTAL	0.0
Schedule E Summary								

1. Itemized payments made this period. (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).)......\$

0.00

0.00

110.00

v .					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove		FORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 06/30/	2023 Page	6of10
NAME OF FILER				I.D. NU	MBER
Andrew C. Lara for Pico Rivera City Council 2020				1429	190
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. O	therwise, describe t	he payment.	
CMP campaign paraphernalia/misc.	MBR member communicatio	ns	RAD radio airtime a	nd production costs	
CNS campaign consultants	MTG meetings and appeara	nces	RFD returned contr		
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign wor TEL t.v. or cable ai	kers salaries rtime and production cos	te
CVC civic donations	PET petition circulating PHO phone banks			el, lodging, and meals	15
FIL candidate filing/ballot fees FND fundraising events	POL polling and survey res	earch		avel, lodging, and meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and			en committees of the sa	
LEG legal defense	PRO professional services		VOT voter registrati	ion	•
LIT campaign literature and mailings	PRT print ads		WEB information ted	chnology costs (internet,	e-mail)
		(a)	(b)	(c)	(d)

NAME AND ADDRESS OF 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
Vona Copp	PRO	315.16	0.00	0.00	315.16
Yona Copp	PRO	618.69	0.00	0.00	618.69
Vona Copp	PRO	100.00	0.00	0.00	100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	1,033.85	0.00	\$ 0.00	\$ 1,033.85

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.)	404.50
2.	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.)	0.00
	3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	404.50

SCHEDULE F (CONT.)

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

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 46

 from ____01/01/2023
 Page __7 ___ of __10

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

I.D. NUMBER

1429490

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating TEL CVC civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL

FND fundraising events
FND independent expenditure supporting/opposing others (explain)*
FND independent expendent expendent expende

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services 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)

^{*} 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)	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
Vona Copp	PRO	526.27	0.00	0.00	526.27
Vona Copp	PRO	204.74	0.00	0.00	204.74
Vona Copp	PRO	235.62	0.00	0.00	235.62
Vona Copp	PRO	100.00	0.00	0.00	100.00
	SUBTOTALS	1,066.63	0,00	0.00	\$ 1,066.63

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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
m 01/01/2023

CALIFORNIA 460
FORM

through 06/30/2023 Page 8 of 10

1 490 _____

I.D. NUMBER

1429490

Andrew C. Lara for Pico Rivera 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

meetings and appearances

RFD returned contributions

returned contributions

CTB contribution (explain nonmonetary)*

CFC office expenses

CVC civic donations

OFC office expenses

SAL campaign workers' salaries

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

FRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads VEB information technology costs (internet, e-mail)

^{*} 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)	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
Vona Copp	PRO	129.19	0.00	0.00	129.19
Vona Copp	PRO	150.10	0.00	0.00	150.10
Vona Copp	PRO	157.45	0.00	0.00	157.45
Vona Conn	PRO	208.66	0,00	0.00	208.66
	SUBTOTALS	\$ 645.40	0.00	\$ 0.00	\$ 645.40

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

Amounts may be rounded to whole dollars.

| Statement covers period | FORM | 460 | FORM | FORM | FORM | Tokan | FORM | FO

NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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

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

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)

^{*} 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)	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
Logan Copp	PRO	51.60	0.00	0.00	51.60
Logan Copp	PRO	75.30	0.00	0.00	75.30
Logan Copp	PRO	100.20	0.00	0.00	100.20
Logan Copp	PRO	0.00	203.00	0.00	203.00
	SUBTOTALS	\$ 227.10	203.00	0.00	\$ 430.10

SCHEDULE F (CONT.)

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

Amounts may be rounded to whole dollars.

 Statement covers period from
 CALIFORNIA FORM
 460

 through
 06/30/2023
 Page
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 of
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NAME OF FILER

Andrew C. Lara for Pico Rivera City Council 2020

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

CODES. If the of the following codes accurately describes the payment, you may enter the occurrence, describes the payment.										
С	MP campaign	paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs				
C	NS campaign	consultants	MTG	meetings and appearances	RFD	returned contributions				
C	TB contribution	(explain nonmonetary)*	OFC	office expenses		campaign workers' salaries				
C	CVC civic donat	ions	PET	petition circulating	TEL	t.v. or cable airtime and production costs				
F	IL. candidate 1	iling/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals				
F	ND fundraising	events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals				
1	ND independer	nt expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor				
L	EG legal defer		PRO	professional services (legal, accounting)	VOT	voter registration				
L	.IT campaign I	terature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)				

^{*} 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)	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
Logan Copp	PRO	0.00	100.00	0.00	100.00
Logan Copp	PRO	0.00	101.50	0.00	101.50
	\$ 0.00	\$ 201.50			