

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 8
For Official Use Only
INDEXED 5/26/2023
[Signature]

Statement covers period
from 5/7/2023
through 5/13/2023

Date of election if applicable:
(Month, Day, Year)
5/23/2023

Date Stamp
**BEVERLY HILLS CITY CLERK
2023 MAY 26 AM 10:41**

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

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily 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)
Amended Summary Page.

Quarterly Statement
 Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1456573

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
No on Measures B & C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

STREET ADDRESS (NO P.O. BOX)
464 S. Lucas Avenue Suite 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 481-6530

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
777 S. Figueroa Street Suite 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 452-6565

OPTIONAL: FAX/E-MAIL ADDRESS
(213) 452-6575 / pccdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Susan Minato

MAILING ADDRESS
464 S. Lucas Avenue Suite 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 481-6530

NAME OF ASSISTANT TREASURER, IF ANY
Kurt Petersen

MAILING ADDRESS
464 S. Lucas Avenue, Suite 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 481-8530

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 5/24/23 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

By *[Signature]* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF PROponent

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Measure B - Ordinance No. 22-0-2866

BALLOT NO. OR LETTER B	JURISDICTION City of Beverly Hills	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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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
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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.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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
Measure C - Ordinance No.22-0-2867

BALLOT NO. OR LETTER C	JURISDICTION City of Beverly Hills	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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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		CALIFORNIA FORM 460	
from	5/7/2023	Page	4 of 8
through	5/13/2023		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$0.00	\$162,000.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$0.00	\$162,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$28,627.72
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3+4	\$0.00	\$190,627.72

**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	\$8,277.48	\$168,410.20
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6+7	\$8,277.48	\$168,410.20
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$6,275.15	\$27,402.18
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$28,627.72
11. TOTAL EXPENDITURES MADE..... Add Lines 8+9+10	\$14,552.63	\$224,440.10

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$36,967.65
13. Cash Receipts..... Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$8,277.48
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$28,690.17

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$27,402.18

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 schedule B.

**Schedule E
Payments Made**

. Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	5/7/2023	
through	5/13/2023	
		Page <u>5</u> of <u>8</u>

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NAME OF FILER

No on Measures B and C - Citizens for Responsible Development Beverly Hills, Sponsored by UNITE HERE Local 11

I.D. NUMBER

1456573

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	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
Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670	PRT		\$8,277.48

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

SUBTOTAL \$8,277.48

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$8,277.48
2. Unitemized payments made this period of under \$100.....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$8,277.48

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

. Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	5/7/2023	
through	5/13/2023	
		Page <u>6</u> of <u>8</u>

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- | | | |
|---|---|---|
| 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 | 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 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
Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670	LIT	\$8,277.48	\$0.00	\$8,277.48	\$0.00
Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	PRO	\$0.00	\$12,503.00	\$0.00	\$12,503.00
Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864	OFC	\$0.00	\$120.65	\$0.00	\$120.65

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

SUBTOTALS \$8,277.48 \$12,623.65 \$8,277.48 \$12,623.65

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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$14,552.63
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	\$8,277.48
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	\$6,275.15
		(May be a negative number)

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	5/7/2023	
through	5/13/2023	
		Page <u>7</u> of <u>8</u>

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NAME OF FILER

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- | | | |
|---|---|---|
| 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 | 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 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
Bridget McConnaughy 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074	OFC (Estimate)	\$150.00	\$0.00	\$0.00	\$150.00
UNITE HERE Local 11 (Nonprofit 501(c)(5)) 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074 ID: 1405171	Staff Time (Estimate)	\$2,450.84	\$0.00	\$0.00	\$2,450.84
UNITE HERE Local 11 (Nonprofit 501(c)(5)) 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074 ID: 1405171	Staff Time (Estimate)	\$5,124.36	\$0.00	\$0.00	\$5,124.36

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

SUBTOTALS

\$7,725.20

\$0.00

\$0.00

\$7,725.20

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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$14,552.63
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	\$8,277.48
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	\$6,275.15
		(May be a negative number)

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	5/7/2023	
through	5/13/2023	
		Page <u>8</u> of <u>8</u>

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NAME OF FILER

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I.D. NUMBER

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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 | 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 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
UNITE HERE Local 11 (Nonprofit 501(c)(5)) 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074 ID: 1405171	Staff Time (Estimate)	\$5,124.35	\$0.00	\$0.00	\$5,124.35
UNITE HERE Local 11 (Nonprofit 501(c)(5)) 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074 ID: 1405171	Staff Time (Estimate)	\$0.00	\$1,928.98	\$0.00	\$1,928.98

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

SUBTOTALS

\$5,124.35

\$1,928.98

\$0.00

\$7,053.33

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 payments on accrued expenses under \$100.)	INCURRED TOTALS	\$14,552.63
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	\$8,277.48
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	\$6,275.15
		(May be a negative number)