

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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OVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from 01/01/09
through 06/30/09

Date of election if applicable:
(Month, Day, Year)
2009 JUL 31 AM 9:47
11/03/09
STATISLAUS COUNTY
CLERK-RECORDER

Date Stamp

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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1317735

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

MURATORE FOR COUNCIL 2009

STREET ADDRESS (NO P.O. BOX)

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

ANTHONY JOHNSTON

MAILING ADDRESS

1014 16TH STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95353</u>	<u>(209) 521-6260</u>

NAME OF ASSISTANT TREASURER, IF ANY

JOSEPH MURATORE

MAILING ADDRESS

1120 13TH STREET, SUITE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MODESTO</u>	<u>CA</u>	<u>95354</u>	<u>(209) 576-2240</u>

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 7/31/09
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 7/31/09
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460	
Page <u>2</u>	of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSEPH MURATORE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MODESTO CITY COUNCIL DISTRICT 4 SEAT			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1120 13TH STREET, SUITE H	MODESTO, CA		95354

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
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

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

SUMMARY PAGE

Statement covers period from <u>01/01/09</u>	CALIFORNIA FORM 460
through <u>06/30/09</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1317735</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>13,292</u>	\$ <u>13,292</u>
2. Loans Received Schedule B, Line 3	<u>950</u>	<u>950</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>14,242</u>	\$ <u>14,242</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>14,242</u>	\$ <u>14,242</u>

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>903</u>	\$ <u>903</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>903</u>	\$ <u>903</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>903</u>	\$ <u>903</u>

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	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	<u>14,242</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>903</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>13,339</u>

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

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

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

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/09	
through	06/30/09	Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

I.D. NUMBER

1317735

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)
	SEE ATTACHED SCHEDULE	<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				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	12,645
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	647
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	13,292

*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

Muratore for Council 2009
Campaign #1317735
Schedule A Attachment
Monetary Contributions Received
Statement covers period from January 1 through June 30, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Cumulative to Date Calendar Year
04/06/2009	Britton Konynenburg Partners	6401 Stoddard Rd. Modesto, CA 95356	OTH			1,000	1,000
05/11/2009	Sue Hollingsworth, CPA	1020 15th St. Ste. 13 Modesto, CA 95354	OTH			100	100
05/18/2009	Tom Van Groningen	516 Barringham Ln. Modesto, CA 95350	IND	Education	Retired-self emp. Consultatant	100	100
05/20/2009	Louis Friedman	508 Andover Ln. Modesto, CA 95350	IND	Attorney	Curtis & Arata	250	250
05/21/2009	Richard Applegate	3928 Trillium Ave. Modesto, CA 95356	IND	Construction Executive	Applegate Johnston, Inc.	198	198
05/26/2009	Bette Belle Smith	415 Sycamore Modesto, CA 95354	IND	Community Relations	US Bank	100	100
05/26/2009	David Derby	2909 Coffee Rd., Ste. 8 Modesto, CA 95354	IND	Insurance Sales	Swanson & Derby Insurance	100	100
05/26/2009	Jerry W. Hill	1400 Rock Haven Dr. Modesto, CA 95356	IND	Sales	Pacific Southwest Container	100	100
05/26/2009	Peter W. Johansen	1212 Princeton Ave. Modesto, CA 95350	IND	Retired	None	150	150
06/03/2009	CONCERT Asset Management Modesto, Inc.	1871 The Alameda Ste 350 San Jose, CA 95126	OTH			297	297
05/27/2009	J. Allen Beebe	801 10th St. Modesto, CA 95354	IND	Resturant Business	Calmex, Inc.	1,000	1,000
05/27/2009	Tima Seward	22837 W. Bloss Hilmar, CA 95324	IND	Banking	Westamerica Bank	100	100
05/28/2009	James West	224 Patricia Ln. Modesto, CA 95354	IND	Agricultural Business Owner	J.S. West & Co.	150	150
05/28/2009	Paul W. Caruso Investments	1412 Crows Landing Rd Modesto, CA 95351	OTH			350	350
05/29/2009	Dallas Kadry	3700 McHenry Ave. Modesto, CA 95356	IND	Bowling alley management	McHenry Bowl	100	100
05/29/2009	Kenni Friedman	508 Andover Ln. Modesto, CA 95350-6801	IND	Retired	None	750	750
05/29/2009	Randy Clark	931 Enslin Ave. Modesto, CA 95350	IND	Insurance Agent	TSM Insurance	100	100
05/31/2009	Caldwell Banker, Vinson Chase, Realtor	220-A Standiford Ave Modesto, CA 95350	OTH			100	100
06/01/2009	Audio Video Headquarters	1295 N. Emerald Ave, Ste. L Modesto, CA 95351	OTH			100	100
06/01/2009	Bruce Valentine	2809 Londonberry Ct. Modesto, CA 95350	IND	Dentist	Bruce Valentine, DDS, APC	250	250
06/02/2009	Bradley Hawn	1024 Yale Avenue Modesto, CA 95350	IND	Engineer	Lionakis	500	500
06/03/2009	Curtis Grant	717 Scenic View Court Modesto, CA 95354	IND	Retired	None	1,000	1,000
06/03/2009	Denton Incorporated	PO Box 3513 Modesto, CA 95352	OTH			1,200	1,200
06/03/2009	J. David Wright, Jr.	2200 McHenry Ave Ste. A Modesto, CA 95350	OTH			100	100
06/03/2009	Nexus Engineering	1400 Lone Palm Modesto, CA 95351	OTH			250	250
06/03/2009	Ron Ehrke	6649 Langworth Rd. Oakdale, CA 95361	IND	CPA	Atherton & Associates	250	250
06/03/2009	Solecon Industrial Contractors, Inc.	1401 McWilliams Way Modesto, CA 95351	OTH			250	250
06/04/2009	M & K Consulting, L.P.	1005 Roble Ave Modesto, CA 95354	OTH			100	100

Muratore for Council 2009
Campaign #1317735
Schedule A Attachment
Monetary Contributions Received
Statement covers period from January 1 through June 30, 2009

Date Received	Name	Mailing Address	Contributor Code	Occupation	Employer	Amount Received This Period	Cumulative to Date Calendar Year
06/04/2009	Warp & Woof Advisers	809 Sylvan Ave #104 Modesto, CA 95350	OTH			100	100
06/05/2009	Chris Harrigfeld	925 Princeton Ave Modesto, CA 95350	IND	Mortgage Broker	Cal. Mortgage Association	100	100
06/09/2009	Monica Ojcius	1704 Edgebrook Dr Modesto, CA 95354	IND	Director - Non-profit	Center for Human Services	100	100
06/15/2009	Bob Campana	8513 Dusty Ln Modesto, CA 95359	IND	Plumbing Business	Discount Plumbing	100	100
06/15/2009	Gary Blom	1009 Stratford Ln Modesto, CA 95350	IND	Financial Advisor	Merrill Lynch	100	100
06/15/2009	J.M. Keckler Medical CO., Inc.	1010 Warnerville Rd. Oakdale, CA 95361	OTH			100	100
06/17/2009	TSM Insurance & Financial Services, Inc.	1317 Oakdale Rd. Bldg #910 Modesto, CA 95355	OTH			500	500
06/18/2009	Craig C. Lewis	1101 Sylvan Ave, A-7 Modesto, CA 95350	IND	Real Estate Broker	Prudential California Realty	250	250
06/18/2009	Patty Stone	2537 River Rd Modesto, CA 95351	IND	Executive Director	Stanislaus Comm. Foundation	100	100
06/19/2009	John Grover Construction, Inc	3606 Dakota Ave Modesto, CA 95358	OTH			100	100
06/19/2009	Valley Oak Mortgage	1535 J St, Ste D Modesto, CA 95354	OTH			200	200
06/22/2009	Laurence Dempsey	2612 Van Gogh Dr Modesto, CA 95354	IND	Attorney	Sutter Health	100	100
06/25/2009	Charles C. Bryant	7401 Del Cielo Way Modesto, CA 95356	IND	Retired	None	100	100
06/25/2009	City Signs	1027 Emerald Ave Ste A-3 Modesto, CA 95351	OTH			1,000	1,000
06/25/2009	Law Offices of Ralph C. Ogden, III	1535 J St, Ste A Modesto, CA 95354	OTH			150	150
06/30/2009	Northstar Engineering Group, Inc.	909 14th St Modesto, CA 95354	OTH			500	500
Total:						<u>12,645</u>	<u>12,645</u>

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>01/01/09</u> through <u>06/30/09</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER 1317735

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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
JOSEPH MURATORE † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL REAL ESTATE, SENTINEL ROCK REALTY TRUST	\$ <u>0</u>	\$ <u>950</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>950</u> DATE DUE _____	<u>0</u> % RATE	\$ <u>950</u> <u>4/16/09</u> DATE INCURRED	CALENDAR YEAR \$ <u>950</u> PER ELECTION** \$ _____
† <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 \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								

Schedule B Summary

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

- Loans received this period \$ 950
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 950
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., 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.

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>01/01/09</u>	CALIFORNIA FORM 460
through <u>06/30/09</u>	
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1317735</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOSEPH MURATORE

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
GOWANS PRINTING, 1310 H STREET, MODESTO, CA 95354	CMP		201
PARKS PRINTING, 1515 10TH STREET, MODESTO, CA 95354	FND		232
PARKS PRINTING, 1515 10TH STREET, MODESTO, CA 95354	FND		271

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

SUBTOTAL \$ 704

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	704
2. Unitemized payments made this period of under \$100	\$	199
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	903