Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM **460**

CITY OF DALY CITY CLERK

Page ___1___ of ___11___

Statement covers period

from _____7/01/16_____

through _____9/24/16_____

Date of election if applicable:
(Month, Day, Year)

November 8, 2016

2016 SEP 30 P 2: 45

RECEIVED

For Official Use Only

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

3. Committee Information

I.D. NUMBER 1387592

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

Juslyn Manalo for Daly City Council 2016

CITY	STATE	ZIP CODE	AREA CODE
Daly City	CA	94014	

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

CITY	STATE	ZIP CODE	E
Oakland	CA	94610	(

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Christigale Fernandez

	STATE	ZIP CODE	AREA CODE	NE
Oakland	CA	94610	6	

NAME OF ASSISTANT TREASURER, IF ANY

Juslyn Manalo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE
Daly City	CA	94014	

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 know[ledge] ... hed 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 corre[ct]

Executed on ___9/29/16___ Date

Executed on ___9/29/2016___ Date

Executed on _____ Date

Executed on _____ Date

By _____

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

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

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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period

from ___7/01/16___

through ___9/24/16___

Page _2_ of _11_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Juslyn Manalo for Daly City Council 2016

I.D. NUMBER
1387592

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 9474.00	$ none
2. Loans Received	Schedule B, Line 3	125.00	125.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 9599.00	$ none
4. Nonmonetary Contributions	Schedule C, Line 3	3500.00	none
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 13099.00	$ none

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	$ 2720.13	$ none
7. Loans Made	Schedule H, Line 3	0.00	none
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2720.13	$ none
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	none
10. Nonmonetary Adjustment	Schedule C, Line 3	3500.00	none
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 6220.13	$ none

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0.00
13. Cash Receipts	Column A, Line 3 above	9599.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	2720.13
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6878.87

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

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	$ 125.00

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).

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		$	$

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.

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Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period	
from	7/01/16
through	9/24/16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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)
8/16/16	Romeo Arrellano Daly City, CA 4014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Doubletree Hotel	100.00	100.00	
8/16/16	Rudy Asercion 13. 45 Ave. San Francisco, CA 94122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Non-Profit/ SFRCC	100.00	100.00	
8/16/16	Ray Buenaventura Ave. Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Pro-Bono, Daly City Council Member	250.00	250.00	
8/16/16	Elenita Cabrera et Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	none	150.00	150.00	
8/16/16	Melinda Dart St et San Francisco, CA 94112	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher,Jefferson School Dst, Pres,AFT3267	100.00	100.00	

SUBTOTAL $ 700.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ....$ 8479.00

2. Amount received this period – unitemized monetary contributions of less than $100 ....$ 995.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....................TOTAL $ 9474.00

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	
from	7/01/16
through	9/24/16

CALIFORNIA FORM **460**

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NAME OF FILER
Juslyn Manalo for Daly City Council 2016

I.D. NUMBER
1387592

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)
8/16/16	Dellie B. Punla est San Francisco, CA 94117	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Business Owner Delarch Corporation dba Parkview Inn 1 & 2	200.00	200.00	
8/05/16	Sonia Delen San Francisco, CA 94116	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Senior Vice President Bank of America	499.00	499.00	
8/17/16	Dominic Francisco Daly City, CA 94014	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Pipe Services Propipe	100.00	100.00	
8/16/16	Guillerma Guevarra San Francisco, CA 94112	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retiree	100.00	100.00	
8/27/16	Luis Landos Avenue Daly City, CA 94014	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Senior Service Tech. Equity Residential	530.00	530.00	

SUBTOTAL $ 1429.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	7/01/16	
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NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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)
8/16/16	Estela Logarta tre Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Assistant to Director, PG&E	100.00	100.00	
8/16/16	Lily Louie Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	100.00	100.00	
8/16/16	Virginia N. Luna Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	100.00	100.00	
8/16/16	Pilar Manalo San Francisco, CA 94134	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	100.00	100.00	
8/17/16	Molly McKay Ct. Portland, OR 97229	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Gordon & Rees LLP	100.00	100.00	

SUBTOTAL $ 500.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM **460**
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NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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)
9/24/16	Melissa Radoc i Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant Hellman & Friedman LLC	100.00	100.00	
8/21/16	Shae Rocco San Francisco, CA 94117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Photographer Shae Rocco Photography	250.00	250.00	
8/16/16	Marte Saldana i [San Bruno, CA 94066	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner LBC	100.00	100.00	
9/01/16	Renato Satorre u Daly City, CA 94015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Health Professionals, Inc.	500.00	500.00	
8/16/16	Glenn Sylvester) Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiree	200.00	200.00	

SUBTOTAL $ · 1150.00

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Statement covers period	
from	7/01/16
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NAME OF FILER	I.D. NUMBER
Juslyn Manalo for Daly City Council 2016	1387592

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)
9/04/16	Audrey Tendell San Francisco, CA 94127	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	None	500.00	500.00	
8/07/16	HMS Associates ...t San Francisco, CA 94111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/23/16	Plumbers & Steamfitters . Burlingame, CA 94010	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		3000.00	3000.00	
9/24/16	Marily Mondejar San Francisco, CA 94119	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Filipina Women's Network	200.00	200.00	
9/17/16	Marc Santamaria ! Daly City, CA 94014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Office of Dr. Marc	200.00	200.00	

SUBTOTAL $ 4400.00

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Statement covers period		CALIFORNIA FORM **460**
from	7/01/16	
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NAME OF FILER	I.D. NUMBER
Juslyn Manalo for Daly City Council 2016	1387592

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)
9/13/16	Christigale Fernandez Oakland, CA 94610	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Director of Catering Sales InterContinental Hotels of San Francisco	300.00	300.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 300.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
    (other than PTY or SCC)
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SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA **460** FORM
from	7/01/16	
through	9/24/16	Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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
Juslyn Manalo Daly City, CA 94014 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Engagement Associate 5M Project Forest City	$ 0.00	$ 125.00	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 125.00 N/A DATE DUE	0 % RATE $ 0.00	$ 125.00 7/21/16 DATE INCURRED	CALENDAR YEAR $ 125.00 PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____ % RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____

SUBTOTALS $ 125.00 $ $ 125.00 $

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

Schedule B Summary

1. Loans received this period ....$ 125.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....$ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) ....NET $ 125.00
   Enter the net here and on the Summary Page, Column A, Line 2.

   (May be a negative number)

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*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period

from _____ 7/01/16 _____

through _____ 9/24/16 _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/16	Alex Palomo San Francisco, CA 94133	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate Creative Director Publicis	Design Logo, Concept Signs, Posters, Cards, & Literature	3500.00	3500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 3500.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.)..$ _____ 3500.00 _____

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ....$ _____ 0.00 _____

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.).....................TOTAL $ _____ 3500.00 _____

*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 E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM **460**
from	7/01/16	SCHEDULE E
through	9/24/16	Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Juslyn Manalo for Daly City Council 2016

I.D. NUMBER

1387592

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
Hapag Pilipino 33 Saint Francis Square Daly City, CA 94015	FND			708.23
Kirk Briggs Signs 551 South Yosemite Avenue Oakdale, CA 95361	CMP			1313.72
Image Graphics 725 Bryant Street San Francisco, CA 94107	LIT			698.18

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

SUBTOTAL $ 2720.13

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)... $ 2720.13

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 $** 2720.13