

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall | <input type="radio"/> Sponsored |
| (Also Complete Part 5) | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored | (Also Complete Part 6) |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

3. Committee Information

I.D. NUMBER
1445969

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

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)

OLD ARCATA ROAD

CITY STATE ZIP CODE AREA CODE/PHONE

BAYSIDE CA 95524

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

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, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Executed on 10/6/2022 Date 10/6/2022

By _____

By _____ 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

COVER PAGE

Date Stamp

RECEIVED

OCT 06 2022

CALIFORNIA **460**
FORM

Page 1 of 8

For Official Use Only

CITY OF ARCATA
CITY MANAGER'S OFFICE

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EDITH ROSEN

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

ARCATA CITY COUNCIL

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

OLD ARCATA ROAD BAYSIDE CA 95524

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? |
|-------------------|-----------------------|

YES 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? |
|-------------------|-----------------------|

YES 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

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

Statement covers period
from 5/22/22
through 6/30/22

Page 3 of 8

I.D. NUMBER

1445969

Contributions Received

| | | | |
|--------------------------------------|--------------------|-------------------|-------------------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>2451.25</u> | \$ <u>3559.43</u> |
| 2. Loans Received..... | Schedule B, Line 3 | \$ <u>0</u> | \$ <u>4650.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ <u>2451.25</u> | \$ <u>8209.43</u> |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ <u>2451.25</u> | \$ <u>8209.43</u> |

Expenditures Made

| | | | |
|--|----------------------|-------------------|-------------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ <u>1676.90</u> | \$ <u>5515.70</u> |
| 7. Loans Made..... | Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>1676.90</u> | \$ <u>5515.70</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>1376.90</u> | \$ <u>5515.70</u> |

Current Cash Statement

| | | |
|---|---|-------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>2444.38</u> |
| 13. Cash Receipts | Column A, Line 3 above | \$ <u>2451.25</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments | Column A, Line 8 above | \$ <u>1676.90</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3218.73</u> |

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

| | | |
|------------------------------------|--------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ <u>0</u> |
|------------------------------------|--------------------|-------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|-------------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>4650.00</u> |

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

**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 | \$ <u>8209.43</u> | \$ _____ |
| 21. Expenditures Made | \$ <u>5515.70</u> | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

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

Date of Election
(mm/dd/yy)

| | |
|-----|----------|
| / / | \$ _____ |
| / / | \$ _____ |

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

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

I.D. NUMBER

1445969

| 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) |
|---------------|---|---|---|-----------------------------|---|------------------------------------|
| 5/23/22 | Michael Taylor ████████████████████ G Street Arcata, CA 95518 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | business owner/ engineer Atlas Engineering | \$154.97 | \$154.97 | |
| 5/27/22 | Barbara Kurland ████████████████████ West Street Rd. Apt. █████ Warminster, PA 18974 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | unemployed | \$100 | \$100 | |
| 5/28/22 | Adam Kurland ████████████████████ Gossamer Circle Palm City, FL 34990 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President CryoTechnics, LLC | \$103.48 | \$103.48 | |
| 5/31/22 | Sarah K. Clickner ████████████████████ 1st Ave. Daly City, CA 94014 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RN UCSF | \$103.48 | \$103.48 | |
| 6/5/22 | Kerry McNally ████████████████████ Simas Court Arcata, CA 95521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Manager Northcoast Floor & Tile | \$100.00 | \$100.00 | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2096.23

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 355.02

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2451.25**

*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 from <u>5/22/22</u> | CALIFORNIA FORM 460 |
| through <u>6/30/22</u> | Page <u>5</u> of <u>8</u> |
| I.D. NUMBER <u>1445969</u> | |

NAME OF FILER

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

| 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) |
|-----------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 6/5/22 | Cody Stross ████████████████████ F st. Suite: ██████████ Arcata, CA 95521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO, ECD, Inc. | \$220.00 | \$220.00 | |
| 6/5/22 | Alessandra Santana ████████████████████ East 11th Street Arcata, CA 95521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner, Santana Imports, LLC | \$103.48 | \$103.48 | |
| 6/5/22 | Brad Gleason ████████████████████ Howe St. ██████████ Oakland, CA 94611 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder, BGWJ, Inc. | \$200.00 | \$200.00 | |
| 6/5/22 | Chris Kieselhorst ████████████████████ Warren Creek Rd Arcata, CA 95521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner, Ironside Metal Works | \$103.48 | \$103.48 | |
| 6/5/22 | Marc McGowan ████████████████████ VILLAGE CT Eureka, CA 95501 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | unemployed | \$220.00 | \$220.00 | |
| SUBTOTAL \$ \$846.96 | | | | | | |

*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)

5-22-22 to 6-30-22

page 6 of 8

Monetary
Contributions
Received

FILER: EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

ID# 1445969

| Campaign Contributions | | | | | | | |
|------------------------|-------------------|---|-------------------|----------------------|------------------------|-----------------|---------------------------|
| Date Received | Name | Address | Contribution Code | Occupation | Employer | Amount | Cumulative Amount to Date |
| 6/5/2022 | Barry Nachson | Sandpiper Lane Apt # [REDACTED] Mckinleyville, CA 95519 | IND | CEO | Jessicurl | \$ 103.48 | \$ 103.48 |
| 6/6/2022 | Mariana Stross | [REDACTED] F st. Suite [REDACTED] Arcata, CA 95521 | IND | Nutrition Consultant | Dr. Mariana Stross, NC | \$ 100.00 | \$ 100.00 |
| 6/7/2022 | Michelle Mulligan | [REDACTED] Fickle Hill Rd Arcata, CA 95521 | IND | Manager | ECD, INC. | \$ 198.00 | \$ 198.00 |
| 6/7/2022 | Andrew Wright | [REDACTED] Alder Lane McKinleyville, CA 95519 | IND | unemployed | N/A | \$ 100.00 | \$ 100.00 |
| 6/7/2022 | Scott Young | [REDACTED] Shirley Blvd Arcata , CA 95521 | IND | Foreman | PG&E | \$ 185.86 | \$ 185.86 |
| | | | | | | SUBTOTAL | \$ 687.34 |
| | | | | | | | \$ 687.34 |

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 5/22/22
through 6/30/22

CALIFORNIA 460
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

| 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 |
|---|---|---|--|--|---|--|--------------------------------------|---|
| EDITH ROSEN ██████████ OLD ARCATA ROAD BAYSIDE, CA 95524 | ASSISTANT DIRECTOR OF FINANCE, AREA 1 AGENCY ON AGING | <u>4650</u> | <u>0</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | <u>4650</u> | <u>0</u> % RATE | <u>4650</u> | <u>4650</u> CALENDAR YEAR PER ELECTIC \$ <u>4650</u> |
| † <input checked="" 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 \$ _____ | | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | |
| SUBTOTALS \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> | | | | | | | | |

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

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

** If required.

†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.

SCHEDULE E

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

EDITH ROSEN FOR ARCATA CITY COUNCIL 2022

Statement covers period
from 5/22/22
through 6/30/22

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I.D. NUMBER

1445969

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/spons |
| 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 |
|---|---------|------------------------|-------------|
| LIVE LOUD DESIGNS 1903 0 STREET EUREEKA, CA 95501 | LIT | | 1300 |
| TOMO 708 9TH STREET ARCATA, CA 95521 | TRC | | 200 |
| | | | |

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

SUBTOTAL \$ 1500

Schedule E Summary

| | |
|---|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ <u>1500.00</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ <u>176.90</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ <u>1676.90</u> |