Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/2020
through 9/19/2020

Date of election if applicable: 
(Month, Day, Year)
11/3/2020

ALBANY CITY CLERK

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)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
(Also Complete Part 5)
☐ Sponsored
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preliminary Statement
☐ Semi-annual Statement
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Albany Forward, Jordan and Tiedemann for City Council 2020

STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
AREA CODE/PHONE
Albany
CA
94706

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
STATE
ZIP CODE
AREA CODE/PHONE

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 1/24/2020

Executed on 24 Sept 2020

Executed on 24 Sept 2020

Executed on

By

By

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Officeholder, Candidate Controlled Committee

By

Signature of Officeholder, State Candidate Election Committee

By

Signature of Recall Candidate

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Preston Jordan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of the Albany City Council

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

Albany CA 94706

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
Voter Choice Albany, Yes on Measure BB

I.D. NUMBER
142557

NAME OF TREASURER
Harry Chomsky

CONTROLLED COMMITTEE?
☑ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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 ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

[name]

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Aaron Tiedemann

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

Member of the Albany City Council

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

[Redacted] Albany CA 94706

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voter Choice Albany, Yes on Measure BB</td>
<td>1425377</td>
</tr>
</tbody>
</table>

NAME OF TREASURER

Harry Chomskey

CONTROLLED COMMITTEE?

✓ YES ☐ NO

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT ☐ 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$2,448.17</td>
<td>$2,448.17</td>
</tr>
<tr>
<td>Loans Received</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2</td>
<td>$4,448.17</td>
<td>$4,448.17</td>
</tr>
<tr>
<td>Nonmonetary Contributions Schedule C, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4</td>
<td>$4,448.17</td>
<td>$4,448.17</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$3,420.08</td>
<td>$3,420.08</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS Add Lines 6 + 7</td>
<td>$3,420.08</td>
<td>$3,420.08</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills) Schedule F, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment Schedule C, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10</td>
<td>$3,420.08</td>
<td>$3,420.08</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance Previous Summary Page, Line 16</td>
<td>$0</td>
</tr>
<tr>
<td>Cash Receipts Column A, Line 3 above</td>
<td>$4,448.17</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments Column A, Line 8 above</td>
<td>$3,420.08</td>
</tr>
<tr>
<td>ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$1,028.09</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents See instructions on reverse</td>
<td>$0</td>
</tr>
<tr>
<td>Outstanding Debts Add Line 2 + Line 9 in Column B above</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
## Schedule A
### Monetary Contributions Received

**Statement covers period**
from 1/1/2020 through 9/19/2020

**CALIFORNIA FORM 460**
Page 5 of 10

**NAME OF FILER**
Albany Forward, Jordan and Tiedemann for City Council 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/2020</td>
<td>Preston Jordan</td>
<td>✔ IND</td>
<td>Geologist</td>
<td>$100</td>
<td>$2,400</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td>Lawrence Berkeley National Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/18/2020</td>
<td>Preston Jordan</td>
<td>✔ IND</td>
<td>Geologist</td>
<td>$300</td>
<td>$2,400</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td>Lawrence Berkeley National Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/24/2020</td>
<td>Christiana Tiedemann</td>
<td>✔ IND</td>
<td>Retired</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/24/2020</td>
<td>Randy Shaw</td>
<td>✔ IND</td>
<td>Executive Director</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COM</td>
<td>Tenderloin Housing Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/24/2020</td>
<td>Kevin James</td>
<td>✔ IND</td>
<td>Retired</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 700**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals) .................................................. $ 2,250
2. Amount received this period – unitemized monetary contributions of less than $100 ........ $ 198.17
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 2,448.17

---

**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

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2020 through 9/19/2020

NAME OF FILER
Albany Forward, Jordan and Tiedemann for City Council 2020

I.D. NUMBER
Pending

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/25/2020</td>
<td>Charles Adams</td>
<td>✔ IND</td>
<td>CEO The Companion Group</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>8/25/2020</td>
<td>Karen Tiedemann</td>
<td>✔ IND</td>
<td>Lawyer Goldfarb &amp; Lipman, llp</td>
<td>$200</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>9/5/2020</td>
<td>Susan Buechel</td>
<td>✔ IND</td>
<td>Office Administrator Goldfarb and Lipman, llp</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>9/5/2020</td>
<td>Jennifer Collins</td>
<td>✔ IND</td>
<td>Asst. Project Manager The John Stewart Company</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>9/6/2020</td>
<td>David Gill</td>
<td>✔ IND</td>
<td>Hospital Administrator Sutter Health</td>
<td>$150</td>
<td>$150</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 650

*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

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@ffpc.ca.gov (866/275-3772)
www.ffpc.ca.gov
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/9/2020</td>
<td>Lisa Schneider</td>
<td>□ IND</td>
<td>Senior Manager MHN</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>9/11/2020</td>
<td>Dan Johnson</td>
<td>□ IND</td>
<td>Architect Beyond Efficiency Inc.</td>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>9/15/2020</td>
<td>Louise Epstein</td>
<td>□ IND</td>
<td>Retired</td>
<td>$200</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>9/15/2020</td>
<td>Rome Aloise</td>
<td>□ IND</td>
<td>Union official Teamsters Union Local 853</td>
<td>$500</td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 900**

---

*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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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule B - Part 1
Loans Received

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, Also Enter I.D. Number)</th>
<th>Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preston Jordan</td>
<td>Geologist Lawrence Berkeley National Laboratory</td>
<td>0</td>
<td>$2,000</td>
<td>□ Paid $2,000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B Summary

1. Loans received this period ........................................... $2,000
   (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 $2,000
   Enter the net here and on the Summary Page, Column A, Line 2.

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

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2020
through 9/19/2020

SCHEDULE E
FORM 460
Page 9 of 10

NAME OF FILER
Albany Forward, Jordan and Tiedemann for 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.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- PCL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stripe</td>
<td></td>
<td>Donation processing fees</td>
<td>$122.80</td>
</tr>
<tr>
<td>Alliance Graphic</td>
<td>LIT</td>
<td></td>
<td>$973.63</td>
</tr>
<tr>
<td>Ellen Toomey, Toomey Design</td>
<td>LIT</td>
<td></td>
<td>$1,300</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 2,396.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $ 3,252.74
2. Unitemized payments made this period of under $100 ................................................................. $ - 167.34
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 $ 3,420.08
## Schedule E (Continuation Sheet)
### Payments Made

**NAME OF FILER**

Albany Forward, Jordan and Tiedemann for 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.
- **CNS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** TV or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td></td>
<td>$245</td>
</tr>
<tr>
<td>LIT</td>
<td></td>
<td>$611.31</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 856.31**