Recipient Committee  
Campaign Statement  
Cover Page  
(Government Code Sections 84200-84216.5)

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)  
   - [X] 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
   - [X] 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 1280884
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association PAC
   - STREET ADDRESS (NO P.O. BOX)
     West Covina Police Officers Association PAC  
   - CITY West Covina  
   - STATE CA  
   - ZIP CODE
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     West Covina Police Officers Association PAC  
   - CITY West Covina  
   - STATE CA  
   - ZIP CODE
   - 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 01/29/2018  
   By

FPPC Form 460 (Jan/2016)

FPSC Advice: advice@fppc.ca.gov (866/275-3772)
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

NAME OF TREASURER

COMMITTEE ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

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.

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

Attach continuation sheets if necessary
Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A (This Period)</th>
<th>Column B (Calendar Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$7,500.00</td>
<td>$57,500.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$7,500.00</td>
<td>$57,500.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$7,500.00</td>
<td>$57,500.00</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A (This Period)</th>
<th>Column B (Calendar Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$941.64</td>
<td>$1,120.20</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$941.64</td>
<td>$1,120.20</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>-13.29</td>
<td>0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$928.35</td>
<td>$1,120.20</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Statement Type</th>
<th>Column A (This Period)</th>
<th>Column B (Calendar Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$101,012.29</td>
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</tr>
<tr>
<td>Cash Receipts</td>
<td>$7,500.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$17.16</td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$941.64</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$107,587.81</td>
<td></td>
</tr>
</tbody>
</table>

Cash Equivalents and Outstanding Debts

| Cash Equivalents                          | $0.00                  |
| Outstanding Debts                        | $0.00                  |
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2017 through 12/31/2017

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association PAC

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>I.D. NUMBER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</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>West Covina Police Officers Association</td>
<td>1280884</td>
<td>☐ IND</td>
<td>2,500.00</td>
<td>7,500.00</td>
<td></td>
</tr>
<tr>
<td>West Covina, CA</td>
<td></td>
<td>☑ OTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ COM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Covina Police Officers Association</td>
<td>1280884</td>
<td>☐ IND</td>
<td>5,000.00</td>
<td>7,500.00</td>
<td></td>
</tr>
<tr>
<td>West Covina, CA</td>
<td></td>
<td>☑ OTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ COM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>☐ PTY</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 7,500.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 7,500.00
2. Amount received this period – unitemized monetary contributions of less than $100 .................................. $ 0.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......................... TOTAL $ 7,500.00

Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

STATEMENT covets period from 07/01/2017 through 12/31/2017

NAME OF FILER
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association PAC

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
- OFF office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRD professional services (legal, accounting)
- PRT print ads
- PRO Political Accounting
- PRT print ads
- RAL 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)

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>Political Accounting - July, 2017</td>
<td>800.00</td>
</tr>
<tr>
<td>POS</td>
<td>Reimbursement - Messenger Service</td>
<td>4.18</td>
</tr>
<tr>
<td>POS</td>
<td>Reimbursement - Messenger Service</td>
<td>9.11</td>
</tr>
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</table>

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

**SCHEDULE E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 818.58
2. Unitemized payments made this period of under $100 ........................................................................... $ 123.06
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 $ 941.64

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E (Continuation Sheet)**

**Payments Made**

Amounts may be rounded to whole dollars.

**NAME OF FILER**

West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association PAC

**I.D. NUMBER**

1280884

**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
- **LT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OFI**: office expenses
- **PET**: petition circulating
- **PFO**: 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**: 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)

**NAME AND ADDRESS OF PAYEE**

* If committee, also enter I.D. number

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Reporting Plus</td>
<td>POS</td>
<td>Messenger Service Reimbursement</td>
<td>$5.29</td>
</tr>
</tbody>
</table>

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

**Statement covers period**

**from** 07/01/2017 **through** 12/31/2017

**CA FORM 460**

**Page __ of __**

**SUBTOTAL $**

5.29
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2011 through 12/31/2017

NAME OF FILER
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) AMOUNT PAID THIS PERIOD

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(c) AMOUNT PAID THIS PERIOD

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $ 0.00

---

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 accrued expenses under $100.) ........................................ INCURRED TOTALS $ 0.00

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 $ 13.29

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 $ -13.29

May be a negative number.
### Schedule I
#### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

**Statement covers period**

- From **07/01/2017**
- Through **12/31/2017**

**NAME OF FILER**

- West Covina Police Officers Association PAC

**DATE RECEIVED**

**FULL NAME AND ADDRESS OF SOURCE**

- (If committee, also enter I.D. number)

**DESCRIPTION OF RECEIPT**

**AMOUNT OF INCREASE TO CASH**

---

*Attach additional information on appropriately labeled continuation sheets.*

---

**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 0.00
2. Unitemized increases to cash of under $100 this period. .......................... $ 17.16
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ................................................................. TOTAL $ 17.16

---

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)