

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u>	Date Stamp RECEIVED JAN 31 PM 2:03 CITY OF WEST COVINA CITY OF WORKS OFFICE	CALIFORNIA FORM 460
Date of election if applicable: (Month, Day, Year) <u>JAN 31 2018</u>	Page <u>1</u> of <u>7</u> For Official Use Only	

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)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
I.D. NUMBER
1300677
Supporters for the Fredrick Sykes Council Campaign 2017

Treasurer(s)

NAME OF TREASURER
Dana Sykes
MAILING ADDRESS
[Redacted]
STATE CA ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

STREET ADDRESS (NO P.O. BOX)
[Redacted]
CITY West Covina STATE CA ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY
West Covina
MAILING ADDRESS
[Redacted]
STATE CA ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

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 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 fore

Executed on 1-31-2018 Date

Executed on 1-31-2018 Date

Executed on _____ Date

Executed on _____ Date

By [Signature]
By [Redacted]
By _____
By _____

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Fredrick Sykes
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
West Covina Council
 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	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
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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
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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

Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>7</u> I.D. NUMBER <u>1300677</u>

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER: Supporters for the Fredrick Sykes Council Campaign 2017

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 0.00	0.00
2. Loans Received.....	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 0.00	0.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 0.00	0.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 0.00	128.00
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 0.00	128.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 0.00	128.00

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 855.49	
13. Cash Receipts.....	Column A, Line 3 above 0.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 78.00	
15. Cash Payments.....	Column A, Line 8 above 777.49	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 777.49	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$	
18. Cash Equivalents.....	See instructions on reverse \$	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$	38000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
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.

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).

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 7/1/2017
through 12/31/2017

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Supporters for the Fredrick Sykes Council Campaign 2017

ID. NUMBER
1300677

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Fredrick Sykes [REDACTED]	Retired LASD Deputy	\$ 12000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 12000.00 DATE DUE _____	0.00 % RATE	\$ 12000.0 8/22/07 DATE INCURRED	CALENDAR YEAR PER ELECTION **
Fredrick Sykes [REDACTED]	Retired LASD Deputy	\$ 9000.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 9000.00 DATE DUE _____	0.00 % RATE	\$ 9000.00 10/22/07 DATE INCURRED	CALENDAR YEAR PER ELECTION **
Fredrick Sykes [REDACTED]	Retired LASD Deputy	\$ 5500.00	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5500.00 DATE DUE _____	0.00 % RATE	\$ 5500.00 8/18/09 DATE INCURRED	CALENDAR YEAR PER ELECTION **
SUBTOTALS		\$ 26500.00	\$ 0.00		\$ 26500.00			

Schedule B Summary

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(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 \$** _____
(May be a negative number.)

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

†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 B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: **Supporters for the Fredrick Sykes Council Campaign 2017**
Statement covers period from 7/1/2017 through 12/31/2017
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I.D. NUMBER: **1300677**

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
Fredrick Sykes	Retired LASD Deputy	\$ 2000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 2000.00	0.00 %	\$ 2000.00 9/28/09 DATE INCURRED	CALENDAR YEAR PER ELECTION**
Fredrick Sykes	Retired LASD Deputy	\$ 5000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000.00	0.00 %	\$ 5000.00 10/30/09 DATE INCURRED	CALENDAR YEAR PER ELECTION**
Fredrick Sykes	Retired LASD Deputy	\$ 1000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1000.00	0.00 %	\$ 1000.00 8/12/11 DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		\$ 8000.00	\$	\$	\$ 8000.00	\$		

Schedule B Summary

- Loans received this period: \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period: \$ _____
(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 \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

†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 B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 7/1/2017
through 12/31/2017

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I.D. NUMBER
1300677

Supporters for the Fredrick Sykes Council Campaign 2017

FULL NAME, STREET ADDRESS AND ZIP CODE (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
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Fredrick Sykes <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>	Retired LASD Deputy	\$ 2500.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 2500.00 DATE DUE _____	0.00 % RATE	\$ 2500.00 10/13/11 DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Fredrick Sykes <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>	Retired LASD Deputy	\$ 1000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1000.00 DATE DUE _____	0.00 % RATE	\$ 1000.00 10/14/15 DATE INCURRED	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS \$		\$ _____	\$ _____	\$ _____	\$ 3500.00	\$ _____	\$ _____	\$ _____

Schedule B Summary

1. Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(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 \$** _____
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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA	
from	7/1/2017	Page	7
through	12/31/2017	of	7
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		FORM 460	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Supporters for the Fredrick Sykes Council Campaign 2017

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	TSE	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
SUBTOTAL \$				

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 78.00
2. Unitemized payments made this period of under \$100..... \$ 78.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 78.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 78.00