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.
   - [ ] Officetholder, 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 Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [X] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1227285
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   West Covina Firefighters Political Action Committee
   STREET ADDRESS (NO P.O. BOX)
   CITY STATE ZIP CODE AREA CODE/PHONE
   Inglewood CA
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY STATE ZIP CODE AREA CODE/PHONE
   Inglewood CA
   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 08/18/2017
   By 
   Date 
   Executed on 
   By
   Date
   Executed on 
   By
   Date
   Executed on 
   By
   Date

Treasurer(s)
NAME OF TREASURER
Hardy Mosley
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA
NAME OF ASSISTANT TREASURER, IF ANY
Cine D. Ivery
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA
OPTIONAL: FAX / E-MAIL ADDRESS

www.netfile.com
### 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Office Sought or Held (Include Location and District Number If Applicable)</th>
<th>Residential/Business Address (No. and Street)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**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>
<th>Controlled Committee?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Committee Address</th>
<th>Street Address (No P.O. Box)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>Name of Ballot Measure</th>
<th>Ballot No. or Letter</th>
<th>Jurisdiction</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Officeholder, Candidate, or Proponent</th>
<th>Office Sought or Held</th>
<th>District No. If Any</th>
</tr>
</thead>
</table>

### 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>

<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

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Contributions Received**

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**

7. Loans Made .......................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS .................................. Add Lines 6 + 7 $ 22,689.12 $ 22,689.12
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ -770.79 $ 0.00
10. Nonmonetary Adjustment ...................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 21,918.33 $ 22,689.12

**Current Cash Statement**

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $ 89,699.79
13. Cash Receipts ..................................................... Column A, Line 3 above $ 0.00
14. Miscellaneous Increases to Cash .......................... Schedule I, Line 4 $ 0.00
15. Cash Payments ..................................................... Column A, Line 8 above $ 22,689.12
16. ENDING CASH BALANCE .................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 67,010.67

**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 $ 0.00

---

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

20. Contributions Received ................................. $ 
21. Expenditures Made ........................................ $ 

---

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*  

  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 E

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from:** 01/01/2011
- **through:** 06/30/2011

**NAME OF FILER**

West Covina Firefighters Political Action Committee

**I.D. NUMBER**

1227285

### 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
- **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** 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 OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Reporting Plus</td>
<td>PRO Political Accounting - Amended Reports 1/1/12 - 6/30/2016</td>
<td>1,250.00</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td>PRO Political Accounting - June, 2015</td>
<td>250.00</td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>POS Reimbursement - Messenger Service</td>
<td>16.61</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

1,516.61

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)…………………………………………………………………………………………………………………………………………………………………………………………………………………... $ 22,689.12

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 $ 22,689.12

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov

www.netfile.com
## Schedule E (Continuation Sheet)

### Payments Made

**Statement covers period**
- **from**: 01/01/2017
- **through**: 06/30/2017

**CALIFORNIA FORM 460**

**NAME OF FILER**
- West Covina Firefighters Political Action Committee

**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
- **MEM**: member communications
- **MTG**: meetings and appearances
- **OFC**: office expenses
- **PET**: petition circulating
- **PHT**: 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)

<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>Political Reporting Plus</td>
<td>POS</td>
<td>Reimbursement - Messenger Service</td>
<td>4.19</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>PRO</td>
<td>Political Accounting - January, 2016</td>
<td>250.00</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>PRO</td>
<td>Political Accounting - June, 2016</td>
<td>250.00</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>FIL</td>
<td>SOS Reimbursement of 2015, 2016 &amp; 2017</td>
<td>150.00</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>POS</td>
<td>Reimbursement - Messenger Service</td>
<td>13.01</td>
</tr>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**
- **667.19**
**Schedule E (Continuation Sheet)**

**Payments Made**

**NAME OF FILER**
West Covina Firefighters Political Action Committee

**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>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Legislative Conference</td>
<td>450.00</td>
</tr>
<tr>
<td>TRC</td>
<td>Travel &amp; Expenses Reimbursement</td>
<td>685.76</td>
</tr>
<tr>
<td>CNS</td>
<td>Consulting Services</td>
<td>5,000.00</td>
</tr>
<tr>
<td>TRC</td>
<td>Airfare Reimbursement</td>
<td>412.96</td>
</tr>
<tr>
<td>LIT</td>
<td></td>
<td>1,200.00</td>
</tr>
</tbody>
</table>

| Total: |                          | 7,748.72    |

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

**Statement covers period from 01/01/2017 through 06/30/2017**

**NAME AND ADDRESS OF PAYEE**

- **California Professional Firefighters PAC (ID# 1241835)**
  - Sacramento, CA
- **Paul Krueger**
  - Rancho Cucamonga, CA
- **Jimmy Blackman & Associates**
  - Los Angeles, CA
- **Paul Krueger**
  - Rancho Cucamonga, CA
- **KBC Mailing**
  - Sun Valley, CA

**www.netfile.com**

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov
<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>U. S. Postmaster</td>
<td>POS</td>
<td></td>
<td>1,994.30</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bryan Hauser</td>
<td>TRS</td>
<td>Travel &amp; Expenses Reimbursement</td>
<td>762.30</td>
</tr>
<tr>
<td>La Verne, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jimmy Blackman &amp; Associates</td>
<td>CNS</td>
<td>Consulting Services</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jimmy Blackman &amp; Associates</td>
<td>CNS</td>
<td>Consulting Services</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 12,756.60
**Schedule F**

**Accrued Expenses (Unpaid Bills)**

**NAME OF FILER**

West Covina Firefighters Political Action Committee

**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
- **FL** candidate filing/ballot fees
- **RND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LT** campaign literature and mailings
- **ERP** candidate filing/ballot fees
- **PRO** professional services (legal, accounting)
- **POS** postage, delivery and messenger services
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

**NAME AND ADDRESS OF CREDITOR**

<table>
<thead>
<tr>
<th>Political Reporting Plus</th>
<th>PRO Political Accounting - June, 2016</th>
<th>250.00</th>
<th>0.00</th>
<th>250.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political Reporting Plus</th>
<th>PRO Political Accounting - January, 2016</th>
<th>250.00</th>
<th>0.00</th>
<th>250.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political Reporting Plus</th>
<th>PRO Political Accounting - June, 2016</th>
<th>250.00</th>
<th>0.00</th>
<th>250.00</th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inglewood, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTALS**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</td>
<td></td>
<td></td>
<td>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) AMOUNT INCURRED THIS PERIOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.)

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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

**SUBTOTALS**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</td>
<td></td>
<td></td>
<td>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) AMOUNT INCURRED THIS PERIOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INCURRED TOTALS**

**PAID TOTALS**

**NET**

May be a negative number.

**www.netfile.com**

**FPPC Form 460 (Jan/2016)**

**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**

**www.fppc.ca.gov**