

Recipients Committee Campaign Statement Cover Page

DATE STAMP  
**RECEIVED**  
 2017 JUL 31 AM 9:06  
 CITY OF WEST COVINA  
 CITY CLERK'S OFFICE

CALIFORNIA 460 FORM  
 Page 1 of 5  
 For Official Use Only

Date of election if applicable:  
 (Month, Day, Year)

Statement covers period  
 from 1/1/2017 through 6/30/2017

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)
- 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
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 I.D. NUMBER 1344964  
 West Covina Improvement Association

Treasurer(s)  
 NAME OF TREASURER  
 MAILING ADDRESS  
 Shirley Bushanan

STREET ADDRESS (NO P.O. BOX)  
 NAME OF ASSISTANT TREASURER, IF ANY  
 MAILING 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 foregoing is true and correct.

Executed on 7/27/2017 Date  
 Executed on 7/27/2017 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period  
from 1/1/2017  
through 6/30/17

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CALIFORNIA  
FORM  
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*West Covina Improvement Association*

I.D. NUMBER

*1344964*

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

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>105.00</u>	\$		
2. Loans Received.....	Schedule B, Line 3 <u>0</u>	\$		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>105.00</u>	\$		
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>0</u>	\$		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>105.00</u>	\$		

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>140.00</u>	\$		
7. Loans Made.....	Schedule H, Line 3 <u>0</u>	\$		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>140.00</u>	\$		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>0</u>	\$		
10. Nonmonetary Adjustment.....	Schedule C, Line 3 <u>0</u>	\$		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>140.00</u>	\$		

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ <u>914.65</u>	\$		
13. Cash Receipts.....	Column A, Line 3 above \$ <u>105.00</u>	\$		
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>0</u>	\$		
15. Cash Payments.....	Column A, Line 8 above \$ <u>140.00</u>	\$		
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>879.65</u>	\$		

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

## 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>0</u>	\$		

## 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
___/___/___	\$ _____
___/___/___	\$ _____

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.

Statement covers period  
from 1/1/2017  
through 6/30/2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Improvement Association

I.D. NUMBER

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)
2/27/17	Pam Salido [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00		
4/5/17	Julie Shephard [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00		
6/1/17	Carolyn Arndt [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	30.00		
6/1/17	Michael Flowers [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00		
				SUBTOTAL \$ 105.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 105.00
- Amount received this period - unitemized monetary contributions of less than \$100 .....\$
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 105.00

\*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

Statement covers period from 1/1/2017 through 6/30/2017

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I.D. NUMBER

1344964

Amounts may be rounded to whole dollars.

**Schedule E Payments Made**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

West Covina Improvement Association

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

- >MP campaign paraphernalia/misc.
- >NS campaign consultants
- >TB contribution (explain nonmonetary)\*
- >VC civic donations
- :IL candidate filing/ballot fees
- :ND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- :EG legal defense
- :IT 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank [REDACTED]		Bank Acct. Monthly Fees	\$ 18.00
State of California - Political Reform Div [REDACTED]		2017 Annual Fee	50.00
24 HRS. ANYTIME MAIL [REDACTED]		Post Office Box Renewal (6 months)	72.00

SUBTOTAL \$ 140.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 140.00
2. Unitemized payments made this period of under \$100 ..... \$ 0
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 \$ 140.00