

Recipient Committee
Campaign Statement
Cover Page

ORIGINAL

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

Date of election if applicable:
(Month, Day, Year)
2018 JAN 31 PM 4: 36

RECEIVED
CITY OF WEST COVINA
CITY CLERK'S OFFICE

Date Stamp
CALIFORNIA FORM 460
Page 1 of 4
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Of/holder, 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/Of/holder Committee (Also Complete Part 7)

2. Type of Statement:

- Preselection 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)
West Covina Improvement Association

ID NUMBER
1344964

Treasurer(s)

NAME OF TREASURER
Shirley Buchanan

MAILING ADDRESS
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED]

STATE
[REDACTED]

ZIP CODE
[REDACTED]

AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

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 1/31/2018
Date

Executed on 1/31/2018
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Of/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Of/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Of/holder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carolyn Rudd

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

RESIDENTIAL BUSINESS ADDRESS AND STREET CITY STATE ZIP
[REDACTED]

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 | CONTROLLED COMMITTEE? |
|-------------------|------------------------------|---|
| NAME OF TREASURER | | <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

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 | <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>12/31/17</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER <u>1344964</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER West Contra Improvement Association

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | \$ 0 | \$ 185.00 |
| 2. Loans Received | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ 0 | \$ 185.00 |
| 4. Nonmonetary Contributions | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 0 | \$ 185.00 |

Expenditures Made

| | | |
|------------------------------------|----------|-----------|
| 6. Payments Made | \$ 50.00 | \$ 190.00 |
| 7. Loans Made | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS | \$ 50.00 | \$ 190.00 |
| 9. Accrued Expenses (Unpaid Bills) | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE | \$ 50.00 | \$ 190.00 |

Current Cash Statement

| | | |
|-------------------------------------|-----------|--|
| 12. Beginning Cash Balance | \$ 879.65 | |
| 13. Cash Receipts | \$ 0 | |
| 14. Miscellaneous Increases to Cash | \$ 50.00 | |
| 15. Cash Payments | \$ 829.65 | |
| 16. ENDING CASH BALANCE | \$ 0 | |

Cash Equivalents and Outstanding Debts

| | | |
|------------------------------|------|--|
| 17. LOAN GUARANTEES RECEIVED | \$ 0 | |
| 18. Cash Equivalents | \$ 0 | |
| 19. Outstanding Debts | \$ 0 | |

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

| | | | |
|----------------------------|------|------------------|-------------|
| 20. Contributions Received | \$ 0 | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ 0 | | |

Expenditure Limit Summary for State Candidates

| | | |
|--|-----|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | | Total to Date |
| Date of Election (mm/dd/yy) | 1/1 | \$ 0 |
| | 1/1 | \$ 0 |

*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).



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

6855 IMG S Y ST01

Business Statement

Account Number: [REDACTED]

Statement Period:
Dec 1, 2017
through
Dec 31, 2017

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000013732 01 SP 106481377487898 E
WEST COVINA IMPROVEMENT ASSOCIATION



To Contact U.S. Bank

24-Hour Business

Solutions: 1-800-673-3555

U.S. Bank accepts Relay Calls

Internet: usbank.com

INFORMATION YOU SHOULD KNOW

Changes effective now for cash transactions

At U.S. Bank we are committed to doing our part to deter criminal activities related to money laundering. We are enhancing our level of security on cash transactions in order to meet regulatory guidelines. To comply with these requirements, we need to clearly identify all individuals making cash transactions at our branches.

Because of this requirement, we will require additional information from individuals who make cash transactions at the branch. Individuals who are not U.S. Bank accountholders will also be required to provide additional information, including individuals who present or receive cash on behalf of a business.

What may be required for a cash transaction? This additional information includes: full name, address, date of birth, Taxpayer Identification Number (of the individual), occupation and photo identification (driver's license or government issued ID). Once the necessary information is established in our system, only photo identification will be required for subsequent cash transactions. Please be ready to provide this information when asked. More information on these changes is available at www.usbank.com/cashtransactions. Thank you for your assistance.

Price changes for U.S. Bank Business Checking, Savings and Treasury Management Services are effective Jan. 1, 2018. Please contact your Banker or Treasury Management Consultant for pricing information specific to your account. If you need assistance in reaching your bank contact, call Customer Service at the number listed in the upper right corner of this statement or send an email to Customer Service at commercialsupport@usbank.com.

Effective January 1st, 2018 the outgoing international branch wire fee will increase from \$50.00 to \$70.00. For any questions, please visit your local branch or call 800-673-3555.

Effective January 1st, 2018 the returned deposited (per item) fee will increase from \$12.00 to \$14.00 for business checking. For any questions, please visit your local branch or call 800-673-3555.

Protecting your accounts is our highest priority. We have many safeguards in place to help ensure your accounts are secure. One of these is to close long-term inactive cards. If your U.S. Bank Business Edge Debit or ATM Card has not been used within the last 18 months, it may be closed. You will be notified at a later date in the event that your card will be closed. Please call us with any questions at 800-673-3555.

SILVER BUSINESS CHECKING Member FDIC

U.S. Bank National Association

Account Number [REDACTED]

Account Summary

| | # Items | \$ | |
|---------------------------------------|---------|-----------|---------------|
| Beginning Balance on Dec 1 | | | 879.65 |
| Checks Paid | 1 | | 50.00- |
| Ending Balance on Dec 31, 2017 | | \$ | 829.65 |

Checks Presented Conventionally

| Check | Date | Ref Number | Amount |
|-------|-------|------------|--------|
| 1014 | Dec 8 | [REDACTED] | 50.00 |

Conventional Checks Paid (1) \$ **50.00-**



WEST COVINA IMPROVEMENT ASSOCIATION



Business Statement

Account Number:

Statement Period:

Dec 1, 2017

through

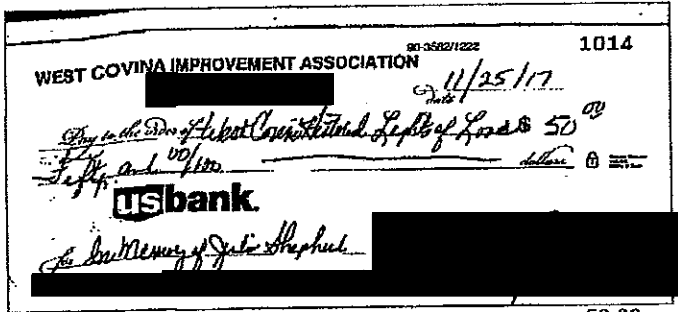
Dec 31, 2017

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IMAGES FOR YOUR SILVER BUSINESS CHECKING ACCOUNT

Member FDIC

Account Number



1014 Dec 08 50.00

Schedule E
Continuation Sheet
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7/1/2017
through 12/31/17

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CALLIFORNIA FORM 460

I.D. NUMBER
1344964

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.
- MNS campaign consultants
- NTB contribution (explain nonmonetary)*
- NVC 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
- TSE transfer between committees of the same candidate/sponsor
- VOI 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 |
|--|------|----|----------------------------------|-------------|
| Historical Society of West Covina, CA [REDACTED] | CV2 | | Lights of Love Christmas Program | 50.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 50.00