Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:

- 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 5)
- Primarily Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

2. Type of Statement:

- Preélection Statement
- Semi-annual Statement
- Termination Statement
  - (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

- COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
  COREY WARSHAW CITY COUNCIL 2017

- STREET ADDRESS (NO P.O. BOX):

- CITY: WEST COVINA

- STATE: CA

- ZIP CODE: 91792

- MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

- CITY: WEST COVINA

- STATE: CA

- ZIP CODE: 91792

- 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 and belief 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 7/29/2018

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>COREY WARSHAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>COUNCIL MEMBER, WEST COVINA, CA</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>WEST COVINA, CA</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>[ ]</td>
<td>CA</td>
</tr>
</tbody>
</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>NAME OF TREASURER</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
</tr>
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<td>CITY</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
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<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ................................................... Schedule A, Line 3
2. Loans Received................................................................ Schedule B, Line 3
3. SUBTOTAL CASH CONTRIBUTIONS..................................... Add Lines 1 + 2
4. Nonmonetary Contributions............................................ Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED.................................. Add Lines 3 + 4

## Expenditures Made

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

## Current Cash Statement

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ............................................................ See instructions on reverse
19. Outstanding Debts ............................................................. Add Line 2 + Line 9 in Column B above

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**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* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

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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).

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**SUMMARY PAGE**

- **Statement covers period** from 01/01/2018 through 06/30/2018
- **I.D. NUMBER** 1359818
**Schedule B Summary**

1. Loans received this period:  
(Total Column (b) plus unitemized loans of less than $100.)  
   \[ \text{SUBTOTALS} \quad \] \[ \] $ \[ \] 0  

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.)  
   \[ \text{SUBTOTALS} \quad \] \[ \] $ \[ \] 0  

3. Net change this period.  
(\text{Subtract} \text{ Line 2 from Line 1.})  
\[ \text{NET} \quad \] \[ \] $ \[ \] 0  

**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.