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.
   - 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
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Prelection 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)
     Rozatti for City Treasurer 2018
   - Street Address (No P.O. Box)
   - City
     West Covina
   - State
     Ca.
   - Zip Code
     91790
   - Mailing Address (If different) No. and Street or P.O. Box

I have used all reasonable diligence in preparing and reviewing this statement
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 09/22/2018

Executed on 09/22/2018

Executed on___________________________

Executed on___________________________

Executed on___________________________

Executed on___________________________

Executed on___________________________

Executed on___________________________

Executed on___________________________

Executed on___________________________

Signature of Treasurer(s)
Carol Welcolm

Name of Assistant Treasurer, If Any
Colleen Rozatti

Date
09/22/2018

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
<th>Residential/Business Address (No. and Street)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Cox</td>
<td>City of West Covina</td>
<td></td>
<td></td>
<td></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>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</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>
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<th>Oppose</th>
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<th>Office Sought or Held</th>
<th>Support</th>
<th>Oppose</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions ................................................................. $1,200.00
2. Loans Received .................................................................................. $1,200.00
3. SUBTOTAL CASH CONTRIBUTIONS ................................................ $1,200.00
4. Nonmonetary Contributions .............................................................. $1,200.00
5. TOTAL CONTRIBUTIONS RECEIVED ........................................... $1,200.00

### Expenditures Made

6. Payments Made .................................................................................. $1,055.00
7. Loans Made ........................................................................................ $1,055.00
8. SUBTOTAL CASH PAYMENTS .......................................................... $1,055.00
9. Accrued Expenses (Unpaid Bills) ..................................................... $1,055.00
10. Nonmonetary Adjustment ................................................................. $1,055.00
11. TOTAL EXPENDITURES MADE .................................................... $1,055.00

### Current Cash Statement

12. Beginning Cash Balance ................................................................. $1,200.00
13. Cash Receipts ................................................................................... $1,200.00
14. Miscellaneous Increases to Cash .................................................... $1,055.00
15. Cash Payments ................................................................................. $1,055.00
16. ENDING CASH BALANCE .............................................................. $1,055.00

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).

IF THIS IS A TERMINATION STATEMENT, LINE 16 MUST BE ZERO.

### 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

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FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-3772)
Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2018 through 07/22/2018

NAME OF FILER: Rozatti for City Treasurer 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/8/18</td>
<td>Colleen Rozatti</td>
<td>IND</td>
<td>WEUJD 1177 Merced Ave West Covina Co</td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/18</td>
<td>SETS</td>
<td>IND</td>
<td>WEUSD 1177 Merced Ave West Covina Gang</td>
<td>$700.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period — Itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 1,200.00

2. Amount received this period — Unitemized monetary contributions of less than $100 .......... $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 1,200.00

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E
Payments Made

See Instructions on Reverse

NAME OF FILER: Rozatti for City Treasurer 2018

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
POS postage, delivery and messenger services
PRC professional services (legal, accounting)
PRF 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
VOT voter registration
WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL</td>
<td>Candidate filing/ballot statement</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td>Democratic Endorsement</td>
<td>$50.00</td>
</tr>
<tr>
<td></td>
<td>Campaign signs</td>
<td>$65.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Itemized payments made this period. (Include all Schedule E subtotals.)</td>
<td>$1,055.00</td>
</tr>
<tr>
<td>2</td>
<td>Unitemized payments made this period of under $100</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)</td>
<td>$0.00</td>
</tr>
<tr>
<td>4</td>
<td>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</td>
<td>TOTAL $1,055.00</td>
</tr>
</tbody>
</table>

Subtotal $1,055.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rozatti for City Treasurer 2018

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</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>tv. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF PAYEE
(S/F COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME
Secretary of State

DESCRIPTION OF PAYMENT
Filing fee

AMOUNT PAID
$50.00

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

SUBTOTAL $50.00