

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED	Page <u>1</u> of <u>6</u>
2018 OCT 25 PM 3:49	For Official Use Only
CITY OF WEST COVINA CITY CLERK'S OFFICE	

Statement covers period  
from 09/23/2018  
through 10/20/2018

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement                                   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
# 142878

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ROZATTI FOR CITY TREASURER 2018

CITY STATE ZIP CODE AREA CODE/PHONE  
WEST COVINA CA 91790

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
CAROL MALCOLM  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

WEST COVINA CA 91790  
NAME OF ASSISTANT TREASURER, IF ANY  
COLLEEN ROZATTI

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

WEST COVINA CA 91790  
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 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.

Executed on 10/22/18  
Date  
Executed on 10/22/18  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

COLLEEN ROZATTI

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

CITY TREASURER - CITY OF WEST COVINA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] WEST COVINA CA 91790

**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

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  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?

YES  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  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD  SUPPORT  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>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1412878</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROZATTI FOR CITY TREASURER 2018

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>899.00</u>	\$ <u>2,099.00</u>
2. Loans Received..... Schedule B, Line 3	<u>          </u>	<u>          </u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>899.00</u>	\$ <u>2,099.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>95.00</u>	<u>95.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>994.00</u>	\$ <u>2,194.00</u>

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

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

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>159.00</u>	\$ <u>1,214.00</u>
7. Loans Made..... Schedule H, Line 3	<u>          </u>	<u>          </u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>159.00</u>	\$ <u>1,214.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>          </u>	<u>          </u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>95.00</u>	<u>95.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>254.00</u>	\$ <u>1,309.00</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
<u>  /  /  </u>	\$ _____
<u>  /  /  </u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>145.00</u>
13. Cash Receipts..... Column A, Line 3 above	<u>899.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>          </u>
15. Cash Payments..... Column A, Line 8 above	<u>(159.00)</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>885.00</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>          </u>

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.

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ <u>          </u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>          </u>

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 09/23/2018  
through 10/20/2018

**CALIFORNIA FORM 460**

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NAME OF FILER

ROZATTI FOR CITY TREASURER 2018

I.D. NUMBER

1412878

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)
10/9/18	SHIRLEY BUCHANAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME MAKER	\$ 200 <sup>00</sup>		
10/4/18	CORY ELLENSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TAX ATTORNEY ERNST & YOUNG	\$ 100 <sup>00</sup>		
10/15/18	WEST COVINA FIREFIGHTERS ASSOC PACFUND [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500 <sup>00</sup>		
	[REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 800.00

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 800.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 99.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 899.00

\*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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROZATI FOR CITY TREASURER 2018

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/18	Laura Santos [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mt SAC BOARD OF TRUSTEES	LABELS	\$ 20 <sup>00</sup>	\$ 20.00	
10/3/18	Elaine Adams [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME MAKER	FLYERS PRINTED	\$ 75 <sup>00</sup>	\$ 75 <sup>00</sup>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 95<sup>00</sup>

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 95<sup>00</sup>
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ —
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ 95<sup>00</sup>

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <u>ROZATI FOR CITY TREASURER 2018</u>		I.D. NUMBER <u>1412878</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | 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
OFFICE DEPOT [REDACTED]	LIT	PRINTING & MAKING COPIES OF CAMPAIGN FLYERS	\$55.00
OFFICE DEPOT [REDACTED]	LIT	PRINTING COPIES OF MAILING SHEETS	\$74.00
USPS WEST COVINA BRANCH	POS	POSTAGE	\$30.00

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

**SUBTOTAL \$ 159.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>159.00</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ <u>159.00</u></b>