Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2017
through 12/31/2017

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   [ ] Officeholder, Candidate Controlled Committee
   [ ] Primarily Formed Ballot Measure Committee
   [X] General Purpose Committee
   [ ] Primarily Formed Candidate/Officeholder Committee
   [ ] State Candidate Election Committee
   [ ] Controlled
   [ ] Sponsored
   [ ] Small Contributor Committee
   [ ] Political Party/Central Committee

2. Type of Statement:
   [ ] Pre-election Statement
   [X] Semi-annual Statement
   [ ] Termination Statement
     (Also file a Form 410 Termination)
   [ ] Amendment (Explain below)
   [ ] Quarterly Statement
   [ ] Special Odd-Year Report
   [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER
   1227285

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   West Covina Firefighters Political Action Committee

   STREET ADDRESS (NO P.O. BOX)
   Inglewood CA 90301

   CITY STATE ZIP CODE
   Inglewood CA 90301

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   Inglewood CA 90301

   CITY STATE ZIP CODE
   West Covina CA 91762

   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 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 10/25/2018
   Date

   By
   Signature of Controlling Officerholder, 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</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.

| 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

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</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>
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</tr>
</tbody>
</table>

<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>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
Amounts may be rounded to whole dollars.

## Contributions Received

1. Monetary Contributions ...........................................  
   Schedule A, Line 3 | $0.00 | $0.00  
2. Loans Received .....................................................  
   Schedule B, Line 3 | $0.00 | $0.00  
3. SUBTOTAL CASH CONTRIBUTIONS  
   Add Lines 1 + 2 | $0.00 | $0.00  
4. Nonmonetary Contributions ....................................  
   Schedule C, Line 3 | $0.00 | $0.00  
5. TOTAL CONTRIBUTIONS RECEIVED  
   Add Lines 3 + 4 | $0.00 | $0.00  

## Expenditures Made

6. Payments Made .....................................................  
   Schedule E, Line 4 | $6,257.44 | $33,442.94  
7. Loans Made .........................................................  
   Schedule H, Line 3 | $0.00 | $0.00  
8. SUBTOTAL CASH PAYMENTS  
   Add Lines 6 + 7 | $6,257.44 | $33,442.94  
9. Accrued Expenses (Unpaid Bills) ..................................  
   Schedule F, Line 3 | $642.05 | $642.05  
10. Nonmonetary Adjustment ..........................................  
   Schedule C, Line 3 | $0.00 | $0.00  
11. TOTAL EXPENDITURES MADE  
   Add Lines 8 + 9 + 10 | $6,899.49 | $34,084.99  

## Current Cash Statement

12. Beginning Cash Balance  
    Previous Summary Page, Line 16 | $62,534.29  
13. Cash Receipts ....................................................  
    Column A, Line 3 above | $0.00  
14. Miscellaneous Increases to Cash ..................................  
    Schedule I, Line 4 | $0.00  
15. Cash Payments ......................................................  
    Column A, Line 8 above | $6,257.44  
16. ENDING CASH BALANCE  
    Add Lines 12 + 13 + 14, then subtract Line 15 | $56,256.85  

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED  
    Schedule B, Part 2 | $0.00  
18. Cash Equivalents ..................................................  
    See instructions on reverse | $0.00  
19. Outstanding Debts ...................................................  
    Add Line 2 + Line 9 in Column B above | $642.05  

## 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)  
   Date of Election (mm/dd/yy) | Total to Date | $___________  
   __/__/____ | $___________  

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

**Payments Made**

**NAME OF FILER**
West Covina Firefighters Political Action Committee

**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>LIT</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>t.v. 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**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Postal Service</td>
<td>OFC</td>
<td></td>
<td>Post Office Box Rental Fee</td>
<td>134.00</td>
</tr>
<tr>
<td>Jimmy Blackman &amp; Associates</td>
<td>CNS</td>
<td></td>
<td>Consulting Services</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Political Data Inc.</td>
<td>CNP</td>
<td></td>
<td>Voter Data File</td>
<td>525.00</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 6,257.44
2. Unitemized payments made this period of under $100 $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 6,257.44
Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2017 through 12/31/2017

CALIFORNIA 460 FORM
Page 5 of 6

NAME OF FILER
West Covina Firefighters Political Action Committee

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
- CTC: 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
- 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)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td>Printing Expenses</td>
<td>2,098.44</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 2,098.44

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule F

**Accrued Expenses (Unpaid Bills)**

**NAME OF FILER**
West Covina Firefighters Political Action Committee

**Statement covers period**
from 07/01/2011 through 12/31/2017

**CODES:**
- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- AVP campaign paraphernalia/misc.
- 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)
- RAD radio airtime and production costs
- RFD returned contributions
- 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 CREDITOR**
**CODE OR DESCRIPTION OF PAYMENT**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Reporting Plus</td>
<td>PRO Political Accounting - July, 2017</td>
<td>0.00</td>
<td>625.00</td>
<td>0.00</td>
<td>625.00</td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>POS Messenger Service Reimbursement</td>
<td>0.00</td>
<td>5.29</td>
<td>0.00</td>
<td>5.29</td>
</tr>
<tr>
<td>Political Reporting Plus</td>
<td>POS Messenger Service Reimbursement</td>
<td>0.00</td>
<td>11.76</td>
<td>0.00</td>
<td>11.76</td>
</tr>
</tbody>
</table>

**SUBTOTALS**

<table>
<thead>
<tr>
<th></th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>642.05$</td>
<td>0.00$</td>
<td>642.05</td>
</tr>
</tbody>
</table>

**Schedule F Summary**

1. **Total accrued expenses incurred this period.** (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

   **INCURRED TOTALS $**

2. **Total accrued expenses paid this period.** (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

   **PAID TOTALS $**

3. **Net change this period.** (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

   **NET $**

---

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

---

May be a negative number

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)