Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 01/01/2018 through 12/04/2018

Date of election if applicable:

2019 JAN -3 PM 1:03

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FOR OFFICIAL USE ONLY

CITY OF WEST COVINA
CITY CLERK'S OFFICE

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 3)
   - General Purpose Committee:
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     - Sponsored (also Complete Part 3)
   - Primarily Formed Candidate/Officeholder Committee (also Complete Part 3)

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement (also file a Form 410 Termination)
   - Amendment (Explain below)
     - Quarterly Statement
     - Special Odd-Year Report

3. Committee Information

   ID. NUMBER: 1359818

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

   STREET ADDRESS (NO P.O. BOX)
   WEST COVINA
   CITY: WEST COVINA
   STATE: CA
   ZIP CODE: CA

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   WEST COVINA
   CITY: WEST COVINA
   STATE: CA
   ZIP CODE: CA

   TREASURER(S):
   NAME OF TREASURER:
   COREY WARSHAW

   MAILING ADDRESS:
   WEST COVINA
   CITY: WEST COVINA
   STATE: CA
   ZIP CODE: CA

   NAME OF ASSISTANT, TREASURER, IF ANY:

   MAILING ADDRESS:
   WEST COVINA
   CITY: WEST COVINA
   STATE: CA
   ZIP CODE: CA

   OPTIONAL: FAX/EMAIL ADDRESS

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 4 DEC 2018
   By ________________________________
   Signature of Treasurer

   Executed on 4 DEC 2018
   By ________________________________
   Signature of Controlling Officer/Candidate, State Measure Proprietor or Responsible Officer of Sponsor

   Executed on
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proprietor

   Executed on
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proprietor
5. Officeholder or Candidate Controlled Committee:

<table>
<thead>
<tr>
<th>NAME OF OFFICER/HOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COREY WARSHAW</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNCIL MEMBER, WEST COVINA, CA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET), CITY, STATE, ZIP CODE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WEST COVINA, CA</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.

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICER/HOLDER, CANDIDATE, OR PROVENT</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<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 OFFICER/HOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary.
### Contributions Received

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2 $0</td>
<td>$0</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4 $0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4 $5122.54</td>
<td>$5122.54</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule F, Line 3 $5122.54</td>
<td>$5122.54</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7 $0</td>
<td>$0</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule G, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule H, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10 $5122.54</td>
<td>$5122.54</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16 $5122.54</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above $0</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4 $0</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>Column A, Line 5 above $0</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14 + 16 $0</td>
</tr>
</tbody>
</table>

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).

### Summary Page

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

- Contributions Received $0
- Expenditures Made $0

Expenditure Limit Summary for State Candidates

- Cumulative Expenditures Made* $0

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from __01/01/2018__ through __12/04/2018__

COREY WARshaw  City Council 2017

Full Name, Street Address and Zip Code of Lender (If Committee, also enter ID number):

COREY WARshaw
WEST COVINA, CALIF.

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business):

RETIRED.

OUTSTANDING BALANCE BEGINNING THIS PERIOD: $20,000

AMOUNT RECEIVED THIS PERIOD: $0

AMOUNT PAID OR FORGIVEN: $512,546

OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD: $0

INTEREST PAID THIS PERIOD: $0

ORIGINAL AMOUNT OF LOAN: $20,000

CUMULATIVE CONTRIBUTIONS TO DATE: $0

Schedule B Summary

1. Loans received this period: $0
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period: $20,000
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period: (Subtract Line 2 from Line 1.) $0
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.