Recipient Committee Campaign Statement
Cover Page

Statement covers period from January 1, 2018 through June 30, 2018

Date of election if applicable (Month, Day, Year) November 6, 2018

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
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed Candidate/Officeholder Committee
   - General Purpose Committee
   - Small Contributor Committee
   - Political Party/Central Committee

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

3. Committee Information
   - I.D. NUMBER 1404800
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Letty Lopez for City Council District 2
   - STREET ADDRESS (NO P.O. BOX)
     West Covina
   - CITY State ZIP CODE
     West Covina CA 91792
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     West Covina
   - CITY State ZIP CODE
     West Covina CA 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 the information contained herein and in the attached schedules is true and complete.
   - By Executed on 7/24/18
   - By Executed on 7/24/18
   - By Executed on 7/24/18
   - By Executed on 7/24/18

Treasurer(s)
   - NAME OF TREASURER
     Garry Viado
   - MAILING ADDRESS
     West Covina
     State CA
     ZIP CODE 91792
   - OPTIONAL: FAX / E-MAIL ADDRESS

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>Letty Lopez</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>West Covina City Council District 2</td>
</tr>
</tbody>
</table>

**Residence/Business Address:** West Covina, CA

**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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE | | JURISDICTION |
|------------------------|-----------------|
| BALLOT NO. OR LETTER | 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.

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

Attach continuation sheets if necessary
## Contributions Received

1. **Monetary Contributions**
   - **Schedule A, Line 3**
   - **Amount:** $100

2. **Loans Received**
   - **Schedule B, Line 3**
   - **Amount:** $550

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - **Add Lines 1 + 2**
   - **Amount:** $650

4. **Nonmonetary Contributions**
   - **Schedule C, Line 3**
   - **Amount:** $0

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - **Add Lines 3 + 4**
   - **Amount:** $650

## Expenditures Made

6. **Payments Made**
   - **Schedule E, Line 4**
   - **Amount:** $0

7. **Loans Made**
   - **Schedule H, Line 3**
   - **Amount:** $0

8. **SUBTOTAL CASH PAYMENTS**
   - **Add Lines 6 + 7**
   - **Amount:** $0

9. **Accrued Expenses (Unpaid Bills)**
   - **Schedule F, Line 3**
   - **Amount:** $0

10. **Nonmonetary Adjustment**
    - **Schedule C, Line 3**
    - **Amount:** $0

11. **TOTAL EXPENDITURES MADE**
    - **Add Lines 8 + 9 + 10**
    - **Amount:** $0

## Current Cash Statement

12. **Beginning Cash Balance**
    - **Previous Summary Page, Line 16**
    - **Amount:** $0

13. **Cash Receipts**
    - **Column A, Line 3 above**
    - **Amount:** $650

14. **Miscellaneous Increases to Cash**
    - **Schedule I, Line 4**
    - **Amount:** $0

15. **Cash Payments**
    - **Column A, Line 6 above**
    - **Amount:** $0

16. **ENDING CASH BALANCE**
    - **Add Lines 12 + 13 + 14, then subtract Line 15**
    - **Amount:** $650

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

## Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**
    - **See instructions on reverse**
    - **Amount:** $0

19. **Outstanding Debts**
    - **Add Line 2 + Line 9 in Column B above**
    - **Amount:** $550

---

**FPPC Form 460 (Jan/2016)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
Schedule A
Monetary Contributions Received

NAME OF FILER
Letty Lopez for City Council District 2, 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) AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) PER ELECTION TO DATE (IF REQUIRED)

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME</th>
<th>STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE #</th>
<th>IF AN INDIVIDUAL</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>PER ELECTION TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/21/18</td>
<td>Phil Moreno</td>
<td></td>
<td>IND</td>
<td>Retired</td>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 100

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 $ 100

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

**Loans Received**

**NAME OF FILER:**
Letty Lopez for City Council District 2, 2018

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Occupation and Employer</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Amount Paid or Forgiven This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letty Lopez</td>
<td>Sr. Recreation Director</td>
<td>$0</td>
<td>$550</td>
<td>$550</td>
<td>$550</td>
<td>$550</td>
<td>$550</td>
<td>$550</td>
</tr>
<tr>
<td></td>
<td>City of Los Angeles,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dept. of Rec. &amp; Parks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ................................................................. $ 550
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ..................................................... $ 0
   (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.) ......................... NET $ 550
   (Enter the net here and on the Summary Page, Column A, Line 2.)

---

**Notes:**
- Amounts may be rounded to whole dollars.
- Amounts forgiven or paid by another party also must be reported on Schedule A.
- If required.

---

**Contributor Codes**
- **IND** – Individual
- **COM** – Recipient Committee
- **OTH** – Other (e.g., business entity)
- **PTY** – Political Party
- **SCC** – Small Contributor Committee

---

**Statement covers period from January 1, 2018 through June 30, 2018**

---

**FPPC Form 460 (Jan/2016)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov