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
      ○ Sponsored
      (Also Complete Part 6)
   □ Primarily Formed Candidate/
      Officeholder Committee
      (Also Complete Part 7)

2. Type of Statement:
   □ Preelection Statement
   ○ Semi-annual Statement
   □ Termination Statement
      (Also file a Form 410 Termination)
   □ Amendment (Explain below)
      □ Quarterly Statement
      □ Special Odd Year Report
      □ Supplemental Preelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER
   1280884
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   West Covina Police Officers Association PAC Sponsored by West Covina
   Police Officers Association
   STREET ADDRESS (NO P.O. BOX)
   1444 West Garvy Avenue
   CITY          STATE    ZIP CODE    AREA CODE/PHONE
   West Covina       CA       91790     (626) 939-8568
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   111 N. La Brea Avenue, Suite 408
   CITY          STATE    ZIP CODE    AREA CODE/PHONE
   Inglewood      CA       90301     (310) 817-6679
   OPTIONAL: FAX / E-MAIL ADDRESS
   (310) 672-6679 / cine@politicalreportingplus.com

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  01/28/2019
   By
   Signature of Treasurer or Assistant Treasurer
   Executed on
   Date
   Executed on
   Date
   Executed on
   Date
   Executed on
   Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By
   Signature of Controlling Officeholder, 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>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
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<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOINENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</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.

| 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.

Statement covers period
from 10/21/2018
through 12/31/2018

WEST COVINA POLICE OFFICERS ASSOCIATION PAC
Sponsored by West Covina Police Officers Association

Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0.00 $ 9,675.00
2. Loans Received ............................................. Schedule B, Line 3 $ 0.00 $ 39,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ 0.00 $ 39,675.00
4. Nonmonetary Contributions .............................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .................. Add Lines 3 + 4 $ 0.00 $ 39,675.00

Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ 4,050.00 $ 11,062.49
7. Loans Made .................................................. Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ......................... Add Lines 6 + 7 $ 4,050.00 $ 11,062.49
9. Accrued Expenses (Unpaid Bills) ...................... Schedule F, Line 3 $ 0.00 $ 500.00
10. Nonmonetary Adjustment ................................ Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 4,050.00 $ 11,562.49

Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 140,281.95
13. Cash Receipts ........................................... Column A, Line 3 above $ 0.00
14. Miscellaneous Increases to Cash ...................... Schedule I, Line 4 $ 0.00
15. Cash Payments ........................................... Schedule A, Line 8 above $ 4,050.00
16. ENDING CASH BALANCE ............. Add Lines 12 + 13 + 14, then subtract Line 15 $ 136,231.95

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* ........................................ (If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................ See instructions on reverse $ 0.00
19. Outstanding Debts ...................................... Add Line 2 + Line 9 in Column B above $ 30,500.00

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

*Amounts in this section may be different from amounts reported in Column B.
## Schedule B – Part 1
### Loans Received

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association

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

West Covina Police Officers Association  
4444 W Garvey Ave  
West Covina, CA 91790

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**

(If self-employed, enter name of business)

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

$30,000.00

**AMOUNT RECEIVED THIS PERIOD**

$0.00

**AMOUNT PAID OR FORGIVEN THIS PERIOD**

- Paid $0.00
- Forgiven $0.00

**OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD**

$30,000.00

**INTEREST PAID THIS PERIOD**

Date: 03/29/2019

**ORIGINAL AMOUNT OF LOAN**

Date: 03/29/2016

**CUMULATIVE CONTRIBUTIONS TO DATE**

Date: 03/29/2016

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### Schedule B Summary

<p>| | | | | | | |</p>
<table>
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<tr>
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</tbody>
</table>

**SUBTOTALS $**

0.00 $ 0.00 $ 30,000.00 $ 0.00

(Enter (e) on Schedule E, Line 4)

**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

1. Loans received this period ................................................................. $ 0.00  
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ....................................................... $ 0.00  
   (Total Column (c) plus loans under $0.00 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.)  
   Enter the net here and on the Summary Page, Column A, Line 2.  
   **NET $** 0.00  
   (May be a negative number)

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

**If required.**

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
### Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) .................................................. $ 500.00

2. Unitemized contributions and independent expenditures made this period of under $100 .............................................................. $ 0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .............. TOTAL $ 500.00
**Schedule E Payments Made**

**NAME OF FILER**
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association

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

- **QMP:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)*
- **CVC:** civic donations
- **FL:** 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glen Kennedy</td>
<td>CNS</td>
<td>Consulting Services</td>
<td>3,500.00</td>
</tr>
<tr>
<td>1339 W Ranchero St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary of State</td>
<td>FIL</td>
<td>2019 Annual Filing Fee</td>
<td>50.00</td>
</tr>
<tr>
<td>1500 11th Street, Room 495</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letty Lopez for City Council District 2 2018 (ID# 1404800)</td>
<td>CTB</td>
<td>Contribution</td>
<td>500.00</td>
</tr>
<tr>
<td>1327 S California Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Covina, CA 91790</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 4,050.00

**Schedule E Summary**

1. Itemized payments made this period (Include all Schedule E subtotals.) $ 4,050.00
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 $ 4,050.00
**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

**Amounts may be rounded to whole dollars.**

**Statement covers period**  
from: 10/21/2018  
through: 12/31/2018

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**West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association**

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

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- **LIT** campaign literature and mailings  
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- **PRT** print ads  
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- **VOT** voter registration  
- **WEB** information technology costs (internet, e-mail)

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<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON B)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
</table>
| Political Reporting Plus  
111 N. La Brea Ave., Suite 408  
Inglewood, CA 90301 | PRC Political Accounting - July, 2018 | 250.00 | 0.00 | 0.00 | 250.00 |
| Political Reporting Plus  
111 N. La Brea Ave., Suite 408  
Inglewood, CA 90301 | PRC Political Accounting - September, 2018 | 250.00 | 0.00 | 0.00 | 250.00 |

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**SUBTOTALS $**  
500.00$  
0.00$  
0.00$  
500.00$

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**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 $ 0.00

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 $ 0.00

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 $ 0.00

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