Recipient Committee
Campaign Statement
Cover Page

Statement covers period from January 1, 2019 through June 30, 2019

Type of Recipient Committee:
- All Committees - Complete Parts 1, 2, 3, and 4.
  - Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee

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

Committee Information

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>1404800</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)</td>
<td>Letty Lopez for City Council District 2</td>
</tr>
</tbody>
</table>

Treasurer(s)

| NAME OF TREASURER | Garry Viado |

Mailing Address

| CITY | West Covina |
| STATE | CA |
| ZIP CODE | 91790 |

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 7/31/19

Exeuted on 7/31/19

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letty Lopez</td>
</tr>
</tbody>
</table>

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

West Covina City Council District 2

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

West Covina, CA 91790

**CITY**

**STATE**

**ZIP**

**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>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO. P.O. BOX)</th>
</tr>
</thead>
</table>

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

6. **Primarily Formed Ballot Measure Committee**

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

**BALLOT NO. OR LETTER**

**JURISDICTION**

- [ ] SUPPORT
- [ ] OPPOSE

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
</table>

**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>
</tr>
</thead>
</table>

- [ ] SUPPORT
- [ ] OPPOSE

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

- [ ] SUPPORT
- [ ] OPPOSE

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

- [ ] SUPPORT
- [ ] OPPOSE

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

- [ ] SUPPORT
- [ ] OPPOSE

**Attach continuation sheets if necessary**
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALANDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Subtotal Cash Contributions</td>
<td>Add Lines 1 + 2</td>
<td>$250.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. Total Contributions Received</td>
<td>Add Lines 3 + 4</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALANDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$56.00</td>
<td>$56.00</td>
</tr>
<tr>
<td>8. Subtotal Cash Payments</td>
<td>Add Lines 9 + 7</td>
<td>$56.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>11. Total Expenditures Made</td>
<td>Add Lines 6 + 9 + 10</td>
<td>$56.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

- **Beginning Cash Balance**: $4745.84
- **Cash Receipts**: $250.00
- **Miscellaneous Increases to Cash**: $0
- **Cash Payments**: $56.00
- **Ending Cash Balance**: $4939.84

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

- Statement covers period from January 1, 2019 through June 30, 2019
- **ID Number**: 1404800
- **Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**:
  - Contributions Received
  - Expenditures Made

- **Expenditure Limit Summary for State Candidates**:
  - Cumulative Expenditures Made:
    - Date of Election (mm/dd/yy)
    - Total to Date

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

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**For more information:**
- FPPC Form 460 (Jan/2016)
- FPPC Advice: advice@fppc.ca.gov (866/275-3772)
- www.fppc.ca.gov
# Schedule A
Monetary Contributions Received

**Statement covers period from January 1, 2019 through June 30, 2019**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 2/21/2019     | CREPAC-C.A.R Candidate Support ID #890106  
525 South Virgil Avenue  
Los Angeles, CA 90020 | □ IND  
☑ COM  
□ OTH  
□ PTY  
□ SCC | | 250.00 | 250.00 | 250.00 |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ..................................................... $250.00

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 $250.00

**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

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

**Full Name, Street Address and Zip Code of Lender**
- **Letty Lopez - loan to self**
  - West Covina, CA 91790
  - Sr. Recreation Director,
    City of Los Angeles,
    Dept. of Rec & Parks
- **Letty Lopez - loan to self**
  - West Covina, CA 91790
  - Sr. Recreation Director,
    City of Los Angeles,
    Dept. of Rec & Parks
- **Letty Lopez - loan to self**
  - West Covina, CA 91790
  - Sr. Recreation Director,
    City of Los Angeles,
    Dept. of Rec & Parks

**Outstanding Balance Beginning This Period**
- **Letty Lopez - loan to self**
  - $550.00
- **Letty Lopez - loan to self**
  - $2000.00
- **Letty Lopez - loan to self**
  - $1800.00

**Amount Received This Period**
- **Letty Lopez - loan to self**
  - $550.00
- **Letty Lopez - loan to self**
  - $2000.00
- **Letty Lopez - loan to self**
  - $1800.00

**Schedule B Summary**

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

2. **Loans paid or forgiven this period.**
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   $ 0

3. **Net change this period.**
   (Subtract Line 2 from Line 1.)
   **NET** $ 0

---

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

**Statement covers period**
- **from January 1, 2019**
- **through June 30, 2019**

**CALIFORNIA - PART 1**

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

### Loans Received

**NAME OF FILER**

Letty Lopez for City Council District 2

**I.D. NUMBER**

1404900

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

- Letty Lopez - loan to self
  - West Covina, CA 91790

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)**

- Sr. Recreation Director
  - City of Los Angeles, Dept. of Rec & Parks

**OUTSTANDING BALANCE BEGINNING THIS PERIOD**

- $2,500.00

**AMOUNT PAID OR FORGIVEN THIS PERIOD**

- $2,500.00

**INTEREST PAID THIS PERIOD**

- $50.00

**ORIGINAL AMOUNT OF LOAN**

- $2,500.00

**CUMULATIVE CONTRIBUTIONS TO DATE**

- $2,500.00

### Subtotals

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$4,500.00</td>
</tr>
</tbody>
</table>

### Schedule B Summary

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

2. Loans paid or forgiven this period...
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
   
   **$ 0**

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**

*Amounts forgiven or paid by another party also must be reported on Schedule A.
**If required.*
## Schedule E Payments Made

**NAME OF FILER**
Letty Lopez for City Council District 2

**STATEMENT COVERS PERIOD**
from January 1, 2019, through June 30, 2019

**SCHEDULE E**

**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>MTC</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFG</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>RPD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>tv 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, emall)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary of State</td>
</tr>
<tr>
<td>1500 11th Street, Room 495</td>
</tr>
<tr>
<td>Sacramento, CA 95814</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

50.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 50.00
2. Unitemized payments made this period of under $100 $ 6.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 56.00