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

Statement covers period
from 01/01/2019
through 06/30/2019

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
- Officetholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officetholder Committee
  (Also Complete Part 7)

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
West Covina Police Officers Association PAC Sponsored by West Covina Police Officers Association

I.D. NUMBER 1280884

STREET ADDRESS (NO P.O. BOX)
1444 West Garvey Avenue

CITY West Covina
STATE CA
ZIP CODE 91790
AREA CODE/PHONE (626) 939-8568

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
111 N. La Brea Avenue, Suite 408

CITY Inglewood
STATE CA
ZIP CODE 90301
AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER
Ted Stephan

MAILING ADDRESS

CITY Inglewood
STATE CA
ZIP CODE 90301
AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Cine D. Ivery

MAILING ADDRESS

CITY Inglewood
STATE CA
ZIP CODE 90301
AREA CODE/PHONE

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 07/30/2019

By

Signature of Controlling Officer

Date

Responsibility of Sponsor

By

Signature of Controlling Officer, Candidate, State Measure Proponent

Date

By

Signature of Controlling Officer, Candidate, State Measure Proponent

Date

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

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</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>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$11,825.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$41,825.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$42,325.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$52,644.96</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$52,644.96</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$500.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$52,644.96</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$136,231.95</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$11,825.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$72.04</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$95,484.03</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

Statement covers period from 01/01/2019 through 06/30/2019

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

- Contributions Received: $11,825.00
- Expenditures Made: $42,325.00

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: $__________

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).

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

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

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

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</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>
<tbody>
<tr>
<td>01/05/2019</td>
<td>West Covina Police Officers Association</td>
<td></td>
<td>☑️ IND</td>
<td>5,600.00</td>
<td>12,325.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1444 W Garvey Ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Covina, CA 91790</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/13/2019</td>
<td>West Covina Police Officers Association</td>
<td></td>
<td>☑️ IND</td>
<td>6,225.00</td>
<td>12,325.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1444 W Garvey Ave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Covina, CA 91790</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 11,825.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 11,825.00

*Contributor Codes

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

**California Form 460**

Page 4 of 11

123456789

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FPCC Form 460 (Jan/2016)

FPCC Advice: advice@fppc.ca.gov (888/275-3772)

www.fppc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1446 W Garvey Ave
West Covina, CA 91790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
West Covina Police Officers Association
1446 W Garvey Ave
West Covina, CA 91790

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

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD
$ 30,000.00

(b) AMOUNT RECEIVED THIS PERIOD
$ 0.00

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD
$ 30,000.00
$ 0.00

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
$ 0.00

(e) INTEREST PAID THIS PERIOD

(f) ORIGINAL AMOUNT OF LOAN
$ 30,000.00

(g) CUMULATIVE CONTRIBUTIONS TO DATE
$ 12,325.00

SCHEDULE B - PART 1

Statement covers period from 01/01/2019 through 06/30/2019

Page 5 of 11

I.D. NUMBER
1280884

CUMULATIVE CONTRIBUTIONS TO DATE

<table>
<thead>
<tr>
<th>Loans Received</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $ 0.00

Schedule B Summary

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

2. Loans paid or forgiven this period ................................................. $ 0.00
   (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 $ 0.00
   (May be a negative number)

   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.

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 C
## Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**
from 01/01/2019
through 06/30/2019

**CALIFORNIA FORM 460**

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

**I.D. NUMBER**
1280884

<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>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE, CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/2019</td>
<td>West Covina Police Officers Association 1444 W Garvey Ave West Covina, CA 91790</td>
<td></td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>Bill Paid By Third Party</td>
<td>250.00</td>
<td>12,325.00</td>
<td></td>
</tr>
<tr>
<td>01/02/2019</td>
<td>West Covina Police Officers Association 1444 W Garvey Ave West Covina, CA 91790</td>
<td></td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>Bill Paid By Third Party</td>
<td>250.00</td>
<td>12,325.00</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $** 500.00

---

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ........................................... $ 500.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................. $ 0.00

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .................................. TOTAL $ 500.00

---

*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 D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ...................................................... $5,000.00

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 $5,000.00

---

**Schedule D**

**Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 through 06/30/2019

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

**I.D. NUMBER**

1280884

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1–DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/18/2019</td>
<td>WEST COVINA TAXPAYERS FOR PUBLIC SAFETY</td>
<td>Monetary</td>
<td>Contribution</td>
<td>5,000.00</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nonmonetary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independent</td>
<td></td>
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<td></td>
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<td>Support</td>
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<td>Oppose</td>
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<td>Support</td>
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<td>Oppose</td>
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<td>Support</td>
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<td></td>
<td>Oppose</td>
<td></td>
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</tr>
</tbody>
</table>

SUBTOTAL $5,000.00
Schedule E Payments Made

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

**Statement covers period from 01/01/2019 through 06/30/2019**

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

**I.D. NUMBER**

1280884

**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
- CTB 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
- RDF 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>Political Reporting Plus</td>
<td>PRO</td>
<td>Political Accounting Services</td>
<td>781.30</td>
</tr>
<tr>
<td>111 N. La Brea Ave., Suite 408 Inglewood, CA 90301</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lazy Dog Restaurant</td>
<td>MTG</td>
<td>Meeting Meal Expense</td>
<td>172.33</td>
</tr>
<tr>
<td>1440 Plaza Dr West Covina, CA 91790</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vantage Campaigns</td>
<td>POL</td>
<td>Polling &amp; Research Services</td>
<td>26,000.00</td>
</tr>
<tr>
<td>4195 Chino Hills Pkwy #587 Chino Hills, CA 91709</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 $** 26,953.63

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 52,569.44
2. Unitemized payments made this period of under $100 $ 75.52
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 $ 52,644.96

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov
## Schedule E (Continuation Sheet)
### Payments Made

**See instructions on reverse.**

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

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1280884</th>
</tr>
</thead>
</table>

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

- CVM campaign paraphernalia/misc.
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- FND fundraising events
- IN independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHT phone banks
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- RPD 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

<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>
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<tr>
<td>Glen Kennedy</td>
<td>CNS</td>
<td></td>
<td>Consulting Services</td>
<td>2,500.00</td>
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<tr>
<td>West Covina, CA 91790</td>
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<tr>
<td>Craft Hill West Covina</td>
<td>MTG</td>
<td></td>
<td>Meeting Meal Expense</td>
<td>115.81</td>
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<tr>
<td>128 N Grand Ave</td>
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<tr>
<td>Glen Kennedy</td>
<td>CNS</td>
<td></td>
<td>Consulting Services</td>
<td>3,000.00</td>
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<tr>
<td>West Covina, CA 91790</td>
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</tr>
<tr>
<td>Vantage Campaigns</td>
<td>CNS</td>
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<td>Consulting Services</td>
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<tr>
<td>4195 Chino Hills Pkwy #587</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chino Hills, CA 91709</td>
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<tr>
<td>WEST COVINA TAXPAYERS FOR PUBLIC SAFETY (ID# 1419281)</td>
<td>CTB</td>
<td></td>
<td>Contribution</td>
<td>5,000.00</td>
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<tr>
<td>111 N. La Brea Ave., Suite 408</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Inglewood, CA 90301</td>
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</tbody>
</table>

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

**SUBTOTAL:** 25,615.81
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019 through 06/30/2019

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

- GMP: campaign paraphernalia/misc.
- GNS: campaign consultants
- CTE: contribution (explain nonmonetary)*
- OVC: 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
- OFO: 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 registrations
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>Name and Address of Creditor</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 E)</th>
<th>(d) Outstanding Balance at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Reporting Plus</td>
<td>PRO Political Accounting - July, 2018</td>
<td>250.00</td>
<td>-250.00</td>
<td>0.00</td>
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</tr>
<tr>
<td>111 N. La Brea Ave., Suite 408 Inglewood, CA 90301</td>
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</tr>
<tr>
<td>Political Reporting Plus</td>
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<td>-250.00</td>
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<td>0.00</td>
</tr>
<tr>
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</tbody>
</table>

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

SUBTOTALS $ 500.00 $ -500.00 $ 0.00 $ 0.00

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 $ -500.00

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 $ -500.00

May be a negative number.

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Itemized increases to cash this period. .......................................................... $ 0.00
2. Unitemized increases to cash of under $100 this period. .................................. $ 72.04
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .......................................................... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .......................................................... $ 72.04

**SUBTOTAL $**