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:
   □ Officeholder, Candidate Controlled Committee
   □ Primarily Formed Ballot Measure Committee
   □ Primarily Formed Candidate/Officholder Committee
   □ State Candidate Election Committee
   □ Controlled
   (Also Complete Part 5)
   □ Sponsored
   (Also Complete Part 6)
   □ General Purpose Committee
   □ Sponsored
   □ Small Contributor Committee
   □ Political Party/Central Committee
   □ Amendment (Explain below)

2. Type of Statement:
   □ Preelection Statement
   □ Semi-annual Statement
   □ Termination Statement
   (Also file a Form 410 Termination)
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supplemental Preelection Statement - Attach Form 455

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   WEST COVINA TAXPAYERS FOR PUBLIC SAFETY
   I.D. NUMBER 1419261

   STREET ADDRESS (NO P.O. BOX)
   111 N. La Brea Ave., Suite 408
   CITY Inglewood
   STATE CA
   ZIP CODE 90301
   AREA CODE/PHONE (310) 817-6679

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   111 N. La Brea Ave., Suite 408
   CITY Inglewood
   STATE CA
   ZIP CODE 90301
   AREA CODE/PHONE (310) 672-6679

   OPTIONAL: FAX / E-MAIL ADDRESS
   cine@politicalreportingplus.com

4. Verification
   Date
   Executed on _______________
   Executed on _______________
   Executed on _______________
   Executed on _______________

   NAME OF TREASURER
   Cine D. Ivery
   MAILING ADDRESS
   CITY Inglewood
   STATE CA
   ZIP CODE 90301
   AREA CODE/PHONE
   NAME OF ASSISTANT TREASURER, IF ANY
   Michelle Moore Sanders
   MAILING ADDRESS
   CITY Inglewood
   STATE CA
   ZIP CODE 90301
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   (310) 672-6679 / cine@politicalreportingplus.com

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

www.netfile.com
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.

| 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>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$1,300.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$1,300.00</td>
</tr>
</tbody>
</table>

| Current Cash Statement | | |
|------------------------| | |
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $0.00 |
| 13. Cash Receipts | Column A, Line 3 above | $5,000.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 6 above | 0.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $5,000.00 |

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

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).

Cash Equivalents and Outstanding Debts

| Cash Equivalents | See instructions on reverse | $0.00 |
| Outstanding Debts | Add Line 2 + Line 9 in Column B above | $1,300.00 |

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

| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>$</td>
</tr>
<tr>
<td>mm/dd/yy</td>
<td>$</td>
</tr>
</tbody>
</table>

*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 A
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

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

| I.D. NUMBER | 14119281 |

---

**WEST COVINA TAXPAYERS FOR PUBLIC SAFETY**

<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>
<tbody>
<tr>
<td>06/28/2019</td>
<td>West Covina Police Association PAC (ID# 1280884) 1466 W Garvey Ave West Covina, CA 91790</td>
<td>□ IND</td>
<td></td>
<td>$5,000.00</td>
<td>$5,000.00</td>
<td></td>
</tr>
</tbody>
</table>

---

**Schedule A Summary**

1. **Amount received this period – itemized monetary contributions.**
   (Include all Schedule A subtotals) ........................................................... $ 5,000.00

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 $ 5,000.00

---

*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

www.netfile.com
## Schedule F
### Accrued Expenses (Unpaid Bills)

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

**Statement covers period**

- **from** 01/01/2019
- **through** 06/30/2019

**WEST Covina Taxpayers for Public Safety**

**I.D. NUMBER**

- 1419281

**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
- CTH 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
- MFR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD 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 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 - Retainer &amp; Set-Up Fee</td>
<td>0.00</td>
<td>1,250.00</td>
<td>0.00</td>
<td>1,250.00</td>
</tr>
<tr>
<td>111 N. La Brea Ave., Suite 408 Inglewood, CA 90301</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Political Reporting Plus     | FIL Filing Fee Advance | 0.00 | 50.00 | 0.00 | 50.00 |
| 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301 | | | | | |

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

### 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 $** 1,300.00

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 $** 1,300.00

---

**www.netfile.com**

FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov