

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2014
through 6/30/2014

Date of election if applicable:
(Month, Day, Year) 11/3/2015

Date Stamp
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CITY CLERK'S OFFICE

Page 1 of 1
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**CALIFORNIA
FORM
460**

1. 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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Citizens To Elect Steve Herfert West Covina City Council 2015

I.D. NUMBER
923299

Treasurer(s)

NAME OF TREASURER
Janice Herfert

STREET ADDRESS (NO P.O. BOX)
2144 E. Kings Crest Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA 91791 626-327-2440

MAILING ADDRESS
2144 E. Kings Crest Dr.
West Covina CA 91791

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/15/2015 Date

Executed on 9/15/2015 Date

Executed on _____ Date

Executed on _____ Date

By Janice R Herfert Signature of Treasurer or Assistant Treasurer

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

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens To Elect Steve Herfert West Covina City Council 2015

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from 1/1/2014
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CALIFORNIA
FORM 460
Page 2 of 4
I.D. NUMBER
923299

SUMMARY PAGE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 3000.00	\$
2. Loans Received	Schedule B, Line 3 0	\$
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3000.00	\$
4. Nonmonetary Contributions	Schedule C, Line 3 0	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3000.00	\$

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

20. Contributions Received	\$	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2384.80	\$
7. Loans Made	Schedule H, Line 3 0	\$
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2384.80	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	\$
10. Nonmonetary Adjustment	Schedule G, Line 3 0	\$
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2384.80	\$

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

1/1/14	\$
6/30/14	\$

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

Current Cash Statement

	Previous Summary Page, Line 16	
12. Beginning Cash Balance	624.81	\$
13. Cash Receipts	Column A, Line 3 above 3000.00	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	\$
15. Cash Payments	Column A, Line 8 above 2384.80	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 1240.01	\$

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$
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Cash Equivalents and Outstanding Debts

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

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).

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2014
through 6/30/2014
Page 3 of 4
I.D. NUMBER
923299

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OWP | campaign paraphernalia/trisc. | MGR | member communications | RAD | radio airtime and production costs |
| ONS | campaign consultants | MTG | meetings and appearances | RPD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | FET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FL | candidate filing/bailot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bread and Barley Restaurant 130 N. Citrus Ave. Covina, CA 91723	FND			100.47
AT&T PO Box 4005 Acworth Georgia	OFC			778.30
Charter Communications 1265 John Q Hammons 100 Madison Wisconsin 53717	OFC			637.90
SUBTOTAL \$				1516.67

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1641.67
- Unitemized payments made this period of under \$100 \$ 743.13
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2384.80

