

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date/Stamp	CALIFORNIA FORM 460
RECEIVED	Page <u>1</u> of <u>8</u>
2019 JAN 31 PM 4:56	For Official Use Only
CITY OF WEST COVINA CITY CLERK'S OFFICE	

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate-Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 3)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input checked="" type="checkbox"/> Controlled
<input checked="" type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information:

ID NUMBER: 1412878

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ROZATTI FOR CITY TREASURER 2018

STREET ADDRESS (NO. P.O. BOX)
[REDACTED]

CITY WEST COVINA STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

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

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS
Colleenbrozatti@gmail.com

Treasurer(s)

NAME OF TREASURER:
CAROL MALCOLM

MAILING ADDRESS:
[REDACTED]

CITY WEST COVINA STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER (IF ANY)
COLLEEN ROZATTI

MAILING ADDRESS:
[REDACTED]

CITY WEST COVINA STATE CA ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS:
[REDACTED]

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 01/29/2019
Date

Executed on 01/29/2019
Date

Executed on _____
Date

Executed on _____
Date

By Carol Malcolm
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
COLEEN ROZATI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):
CITY TREASURER - CITY OF WEST COVINA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP:
1444 W. GARVEY AVE SOUTH WEST COVINA 91790

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.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/21/2018</u>	CALIFORNIA FORM 460
through <u>12/31/2018</u>	
Page <u>3</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROZATI FOR CITY TREASURER 2018

I.D. NUMBER

1412878

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1047.00</u>	\$ <u>3146.00</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1047.00</u>	\$ <u>3146.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>5000.00</u>	\$ <u>5095.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>6,047.00</u>	\$ <u>8241.00</u>

**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	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>1287.00</u>	\$ <u>2501.00</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>1287.00</u>	\$ <u>2501.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>5000.00</u>	\$ <u>5095.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>6287.00</u>	\$ <u>7596.00</u>

**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
	<u> / / </u>	\$ _____
	<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>885.00</u>
13. Cash Receipts..... Column A, Line 3 above	<u>1047.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u> </u>
15. Cash Payments..... Column A, Line 8 above	<u>-1287.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>645.00</u>

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.

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	\$ _____

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from: <u>10/21/2018</u> through: <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>
	I.D. NUMBER <u>1412878</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROZATTI FOR CITY TREASURER 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/18	PATTI HENNINGER [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	99.00		
10/31/18	ANGIE RIOS [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF L.A. ACCOUNTING DEPT	50.00		
10/30/18	BEVERLY BULTHUIS [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		
11/01/18	LESTER LEUFROY [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	25.00		
11/01/18	CAROLYN ARNDT [REDACTED] WEST COVINA, CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		

SUBTOTAL \$ 274.00

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 1047.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ —
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1047.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/18</u> through <u>12/31/18</u>	CALIFORNIA FORM 460
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NAME OF FILER: COLLEEN ROZATI FOR CITY TREASURER 2018 I.D. NUMBER: 1412878

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/21/2018	LW ANNE ARREDONDO [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LA BUSINESS CONSULTANTS - CEO	99.00		
10/26/18	NADIA HASSEN [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME MAKER	99.00		
10/25/18	JOHN HUGHES [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	50.00		
10/30/18	DONNA MELONE [REDACTED] WEST COVINA CA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	25.00		
11/13/18	CALIFORNIA REAL ESTATE POLITICAL ACTION GROUP 525 S. VIRGIL AVE LOS ANGELES CA # 890106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
				SUBTOTAL \$	773.00	

*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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
Page: <u>6</u> of <u>8</u>	
I.D. NUMBER: <u>K12878</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ROZATI FOR CITY TREASURER 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	<u>WEST COVINA FIREFIGHTERS ASSOC. P.O. Box # 5192</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>MAILING</u>	<u>5000.⁰⁰</u>	<u>5000.⁰⁰</u>	
	<u>WEST COVINA CA 91793 #95-4206198</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5000.⁰⁰

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals) \$ 5000.⁰⁰
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ —
- 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 \$ 5000.⁰⁰

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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	I.D. NUMBER <u>412878</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ROZATI FOR CITY TREASURER 2018

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL tv or cable airtime and production costs |
| FIL candidate filing/ballot 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 |
| LIT 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
OFFICE DEPOT 2620 E WORKMAN #5 WEST COVINA CA 91791	LIT	PRINTING & MAKING COPIES OF CAMPAIGN FLYERS	57.00
OFFICE DEPOT 2620 E WORKMAN #5 WEST COVINA CA 91791	LIT	PRINTING CAMPAIGN MAILER	225.00
USPS CITY OF INDUSTRY CA	POS	POSTAGE	210.00

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

SUBTOTAL \$ 492.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- 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 \$** _____

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROZATI FOR CITY TREASURER 2018

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

CALIFORNIA FORM 460

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ID NUMBER

A12878

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
RFD returned contributions
SAL campaign workers' salaries
TEL tv 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FAMILIES FOR ELLEN MIRANDA JIMENEZ [REDACTED] WEST COVINA CA [REDACTED] #1320589	CMP	PRECINCTS SHEETS	250.00
DALIA PIZZA WORKMAN AVE WEST COVINA CA 91791	TRS	COMMITTEE MEAL	66.00
U.S. BANK 1023 N. GRAND AVE COVINA CA 91791		BANK FEES	15.00
GAUCHO GRILL 129 WEST COVINA PARKWAY WEST COVINA CA 91790	FND	CAMPAIGN FUNDRAISING EVENT	44.00
SECRETARY OF STATE 1500 N. H STREET SACRAMENTO CA 95814	FIL	ANNUAL CANDIDATE FEE FILING	50.00

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

SUBTOTAL \$ 795.00