

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**CALIFORNIA  
FORM 460**

Page 1 of 6  
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SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

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

Date of election if applicable:  
(Month, Day, Year)  
11/06/2018

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rozathi for City Treasurer 2018

I.D. NUMBER

1412818

**Treasurer(s)**

NAME OF TREASURER

Yasir Mahabub

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

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

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

and in the attached schedules is true and complete. I

Executed on

7/20/2019

Date

By

Executed on

7/20/2019

Date

By

Executed on

Date

By

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Bellevue Kozath

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  
 SUPPORT  
 OPPOSE

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Rozati for City Treasurer 2018*

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	CALIFORNIA FORM <b>460</b>
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>1412878</u>	

## 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>300.00</u>	\$ <u>300.00</u>
2. Loans Received.....	Schedule B, Line 3 —	—
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>300.00</u>	\$ <u>300.00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 —	—
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>300.00</u>	\$ <u>300.00</u>

## 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	\$ <u>60.00</u>	\$ <u>60.00</u>
7. Loans Made.....	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>60.00</u>	\$ <u>60.00</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	—	—
10. Nonmonetary Adjustment.....	Schedule G, Line 3	—	—
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>60.00</u>	\$ <u>60.00</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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>645.00</u>
13. Cash Receipts.....	Column A, Line 3 above	<u>300.00</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	—
15. Cash Payments.....	Column A, Line 8 above	<u>60.00</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>885.00</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

## 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).

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: 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)
4/11/19	California Real Estate Political Action Group 525 S Virgil Ave. Los Angeles, Calif. 90020 PRC# 990106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 300.00		
<b>SUBTOTAL \$</b>				<b>300.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 300.00
- 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 \$** 300.00

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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/19  
through 06/30/19

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Rozatti For City Treasurer 2018  
I.D. NUMBER 1412818

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/25/19	Greater West Contra Business Assoc.	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	City of West Contra Public Safety Luncheon for West Contra Police and Fire.	\$30.00		\$30.00
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
<b>SUBTOTAL \$</b>				<u>30.00</u>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 30.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL.. \$** 30.00

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Rozathi for City Treasurer 2018*

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	Page <u>6</u> of <u>6</u>
I.D. NUMBER <u>1412878</u>	

**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 | t.v. 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
<i>U.S. Bank 1623 N. Grand Ave, Covina, Ca 91724</i>	<i>DFC</i>		<i>Bank fees January - June 2019</i>	<i>\$ 30.00</i>
<b>SUBTOTAL \$</b>				<b>30.00</b>

\* 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.) ..... \$ 30.00
- 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 \$** 30.00