

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER West Covina Firefighters Political Action Committee		Date of This Filing 10/07/2019	Date Stamp 2019 OCT 17 PM 3:30	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. 2018-5	CITY OF WEST COVINA CITY CLERK'S OFFICE	
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				West Covina Office of Treasurer Appointment by City Manager			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				T	City of West Covina	X	

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/21/2018	Media Expense Cumulative to date total \$6572.10	4,729.51
10/22/2018	Media Expense Cumulative to date total \$6572.10	1,125.00
10/22/2018	Lawn Signs Cumulative to date total \$6572.10	717.59

Reason for Amendment: _____

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NAME OF FILER West Covina Firefighters Political Action Committee		Date of This Filing 10/07/2019	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. 2018-4		
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Inglewood	STATE CA	ZIP CODE 90301		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED James Toma				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/23/2018	Mailer Cumulative to date total \$7787.78	3,487.15
10/30/2018	Media Expense Cumulative to date total \$7787.78	1,125.00
10/31/2018	Mailer Cumulative to date total \$7787.78	3,175.63

Reason for Amendment: _____

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER West Covina Firefighters Political Action Committee		Date of This Filing <u>10/08/2019</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. <u>2018-3</u>		
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages <u>1</u>	

1. List One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Colleen Rozatti				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Local Treasurer: City of West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/21/2018	Campaign Mailer Cumulative to date total \$4729.51	4,729.51

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. <u>2018-2</u>		
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages <u>3</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dario Castellano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2018	Doorhangers Cumulative to date total \$17033.60	494.78

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. <u>2018-2</u>		
STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages <u>3</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dario Castellano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/22/2018	Campaign Signs Cumulative to date total \$17033.60	473.24
10/22/2018	Campaign Mailer Cumulative to date total \$17033.60	3,107.15
10/22/2018	Media Expense Cumulative to date total \$17033.60	4,584.00
10/25/2018	Campaign Mailer Cumulative to date total \$17033.60	2,660.07

Reason for Amendment: _____

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STREET ADDRESS 111 N. La Brea Ave., Suite 408		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 3	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dario Castellano				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/12/2018	Yard Signs Cumulative to date total \$17033.60	1,399.53
10/17/2018	Campaign Mailer Cumulative to date total \$17033.60	3,107.15
10/22/2018	Doorhangers Cumulative to date total \$17033.60	490.09
10/22/2018	Lawn Signs Cumulative to date total \$17033.60	717.59

Reason for Amendment: _____

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AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1227285	Report No. 2018-1	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS 111 N. La Brea Ave., Suite 408		No. of Pages 1		
CITY Inglewood	STATE CA	ZIP CODE 90301		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Tony Wu				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: West Covina	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/22/2018	Campaign Mailer Cumulative to date total \$5016.18	3,417.93
10/22/2018	Campaign Signs Cumulative to date total \$5016.18	473.25
10/22/2018	Media Expense Cumulative to date total \$5016.18	1,125.00

Reason for Amendment: _____