

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA
FORM **460**

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For Official Use Only

Date Stamp

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2020 JAN 29 AM 11:06
CITY OF WEST COVINA
CITY CLERK'S OFFICE

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from JUL 1, 2019
through DEC 31, 2019

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

3. Committee Information

I.D. NUMBER
1412502

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BENNETT FOR CITY CLERK 2018

Treasurer(s)

NAME OF TREASURER
STEVEN BENNETT

MAILING ADDRESS
[REDACTED]

MAILING ADDRESS
[REDACTED]

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

MAILING ADDRESS
[REDACTED]

CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [REDACTED]
CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]

CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
CITY WEST COVINA STATE CA ZIP CODE 91790 AREA CODE/PHONE [REDACTED]
MAILING ADDRESS [REDACTED]
CITY WEST COVINA STATE CA ZIP CODE 91790 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 and belief, 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 1/29/2020 Date By [REDACTED] Treasurer
Executed on 1/29/2020 Date By [REDACTED] Agent or Responsible Officer of Sponsor
Executed on _____ Date By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STEVEN BENNETT
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY CLERK OF WEST COVINA
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 [REDACTED] 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
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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
STEVEN BENNETT	CITY CLERK	<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.

Statement covers period
from JUL 1, 2019
through DEC 31, 2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BENNETT FOR CITY CLERK 2018

I.D. NUMBER

1412502

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received.....	Schedule B, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0.00	\$ 0.00

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

6. Payments Made.....	Schedule E, Line 4 \$ 0.00	\$ 0.00
7. Loans Made.....	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 0.00	\$ 0.00

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 \$ 155.68
13. Cash Receipts.....	Column A, Line 3 above \$ 0.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ 0.00
15. Cash Payments.....	Column A, Line 8 above \$ 0.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 155.68

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 800.00

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.

SCHEDULE A

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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)
		<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				
		<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				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.00

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 \$** 0.00

*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

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

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IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	IF COMMITTEE, ALSO ENTER I.D. NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	PERCENTAGE RATE	\$ DATE INCURRED	PER ELECTION ** \$
STEVEN BENNETT [REDACTED] WEST COVINA, CA 91790		500.00	0.00	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	500.00 DATE DUE	% RATE	500.00 DATE INCURRED	\$ PER ELECTION ** \$
STEVEN BENNETT [REDACTED] WEST COVINA, CA 91790		300.00	0.00	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	300.00 DATE DUE	% RATE	300.00 DATE INCURRED	\$ PER ELECTION ** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	DATE DUE	% RATE	DATE INCURRED	\$ PER ELECTION ** \$
		SUBTOTALS \$		0.00 \$	800.00 \$	0.00	0.00	0.00

(Enter (e) on
 Schedule E, Line 3)

Schedule B Summary

- Loans received this period\$ 0.00
 (Total Column (b) plus unfitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 0.00
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ 0.00
 Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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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 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0.00
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 0.00