Major Donor and Independent Expenditure Committee Date Stamp **CALIFORNIA** Campaign Statement **FORM** Statement covers period Date of election if applicable: (Month, Day, Year) 1/1/2019 For Official Use Only 12/31/2019 SEE INSTRUCTIONS ON REVERSE 3. Summary Name and Address of Filer NAME OF FILER (Amounts may be rounded to whole dollars.) West Covina Firefighters Association 1. Expenditures and contributions (including loans) of \$100 or more 28696.00 made this period. (Part 5.).... (NO. AND STREET) RESIDENTIAL OR MAILING ADDRESS 2. Unitemized expenditures and contributions (including loans) under ZIP CODE 0.00 \$100 made this period......\$ West Covina CA 91790 3. Total expenditures and contributions RESPONSIBLE OFFICER AREA CODE/DAYTIME PHONE (If filer is other than an individual) made this period. (Add Lines 1 + 2.).....SUBTOTAL \$ Ryan Schwartz 4. Total expenditures and contributions made from prior statement. (Enter Nature and Interests of Filer (Complete each applicable section.) amount from Line 5 of last statement A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS filed. If this is the first statement for OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS 0.00 the calendar year, enter zero.) \$ ____ **BUSINESS INTERESTS** NAME OF EMPLOYER/BUSINESS 5. Total expenditures and contributions (including loans) made since ADDRESS OF EMPLOYER/BUSINESS January 1 of the current calendar year. A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS 4. Verification ENGAGED I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS the laws of the State of California that the foregoing is true and correct. Labor organization 3/10/2020 Executed on A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain):

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIF	ORN	A	61	
from	1/1/2019		RM			
through_	1/31/2019	Page_	1	_ of _	2	

SEE INSTRUCTIONS ON REVERSE					through	1/31/20		age _	1 of 2
West Cov	ER ina Firefighters Association								
	ributions (Including Loans, Forgiver pace is needed, use additional copies of this page for continuation she		, and Loan Guar	antees) a	nd Ex	penditures	Made		
DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE		AMOUNT THIS PERIOD		CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE	
10/3/2019	A Committee in Support of a Local Tax Measure, Sponsored by the West Covina Firefighters Association FPPC ID# 1421578	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Measure WC Proposed Transactions (Sales) and Use Tax City of West Covina		\$28,696.00		\$28,696.00	
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Sup	port	Oppose			
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Sup	port [] Oppose			
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Sup	port [Oppose			

28,696.00

SUBTOTAL \$