

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
 Filing Official Use Only

**COVER PAGE**

RECEIVED

A PUBLIC DOCUMENT

2020 AUG -5 AM 10:07

Please type or print in ink.

NAME OF FILER (LAST) ROZATTI (FIRST) COLLEEN (MIDDLE) B

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) CITY OF WEST COVINA  
 Division, Board, Department, District, if applicable DISTRICT 3  
 Your Position CITY COUNCIL - CANDIDATE <sup>(CP)</sup>

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2019.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
1444 W. GARVEY AVE. WEST COVINA CA 91790

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(626) 939-8401 \_\_\_\_\_

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7/14/2020 Signature \_\_\_\_\_  
 (month, day, year) your filing official.)