

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
RECEIVED 2022 SEP 29 PM 3:09 CITY OF WEST COVINA CITY CLERK'S OFFICE	
Page <u>1</u> of <u>10</u>	For Official Use Only

Statement covers period  
from July 1, 2022  
through September 24, 2022

Date of election if applicable:  
(Month, Day, Year)  
November 8, 2022

SEE INSTRUCTIONS ON REVERSE

**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

**Committee Information**

I.D. NUMBER 1449256

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yara Wolff for City Council 2022

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Edgar Wolff

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge 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 9-29-22 Date By [REDACTED] of Treasurer or Assistant Treasurer

Executed on 9-29-22 Date By [REDACTED] Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**CALIFORNIA  
FORM 460**

Page 2 of 10

**Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Yara Wolff

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
West Covina City Council District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED]

**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 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.

SUMMARY PAGE

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
I.D. NUMBER <u>1449256</u>	

INSTRUCTIONS ON REVERSE  
NAME OF FILER

Yara Wolff for City Council 2022

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>5,225.00</u>	\$ <u>5,225.00</u>
Loans Received..... Schedule B, Line 3	<u>3,000.00</u>	<u>3,000.00</u>
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>8,225.00</u>	\$ <u>8,225.00</u>
Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>8,225.00</u>	\$ <u>8,225.00</u>

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... Schedule E, Line 4	\$ <u>7,467.27</u>	\$ <u>7,467.27</u>
Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>7,467.27</u>	\$ <u>7,467.27</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>5,397.24</u>	<u>5,397.24</u>
Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>12,864.51</u>	\$ <u>12,864.51</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**

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0</u>
Cash Receipts..... Column A, Line 3 above	<u>8,225.00</u>
Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
Cash Payments..... Column A, Line 8 above	<u>7,467.27</u>
<b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>757.73</u>

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>8,397.24</u>

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 July 1, 2022  
through September 24, 2022

**CALIFORNIA FORM 460**  
Page 4 of 10

INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

I.D. NUMBER

1449256

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)
<u>7/18/22</u>	<u>Mohsen Karimi</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Car Technician Eastland Repair and Tire Center</u>	<u>\$500.00</u>	<u>\$500.00</u>	
<u>7/18/22</u>	<u>Rosemarie Valerio</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Bookkeeper</u>	<u>\$500.00</u>	<u>\$500.00</u>	
<u>7/27/22</u>	<u>Mario Torres</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Field Rep Spinitar</u>	<u>\$500.00</u>	<u>\$500.00</u>	
<u>7/27/22</u>	<u>Herman Mayorga</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>\$500.00</u>	<u>\$500.00</u>	
<u>7/27/22</u>	<u>Jomar Financial Inc.</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$500.00</u>	<u>\$500.00</u>	

**SUBTOTAL \$** 2,500.00

**Schedule A Summary**

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 5,200.00

Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 25.00

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 5,225.00

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2022</u>	<b>CALIFORNIA FORM 460</b>
through <u>September 24, 2022</u>	
Page <u>5</u> of <u>10</u>	

NAME OF FILER <u>Yara Wolff for City Council 2022</u>	I.D. NUMBER <u>1449256</u>
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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)
7/27/22	Jose Gutierrez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Village Realtors	\$ 500.00	\$ 500.00	
7/28/22	William + Vicky Chavez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 500.00	\$ 500.00	
7/29/22	Versailles Palace Management [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500.00	\$ 500.00	
7/29/22	Jose Perez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 500.00	\$ 500.00	
9/7/22	Brian Gutierrez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner City of West Covina	\$ 200.00	\$ 200.00	

**SUBTOTAL \$ 2,200.00**

Contributor Codes  
 ID - Individual  
 OM - Recipient Committee  
     (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>10</u>
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NAME OF FILER <u>Yara Wolff for City Council 2022</u>	I.D. NUMBER <u>1449256</u>
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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)
<u>7/25/22</u>	<u>Great Wall International LLC</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$500.00</u>	<u>\$500.00</u>	
		<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				
				<b>SUBTOTAL \$</b> <u>500.00</u>		

\*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 B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>10</u>

INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

I.D. NUMBER

1449256

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(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				
<u>Edgar Wolff</u> [REDACTED]	<u>IT Support OMM</u>	\$ _____	\$ <u>3,000.00</u>	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ <u>3,000.00</u>	_____% RATE	\$ <u>3,000.00</u>	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		<b>SUBTOTALS</b> \$ <u>3,000.00</u> \$ <u>0</u>				\$ <u>3,000.00</u> \$ <u>0</u>			

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

**Schedule B Summary**

Loans received this period ..... \$ 3,000.00  
 (Total Column (b) plus unitemized loans of less than \$100.)  
 Loans paid or forgiven this period ..... \$ 0  
 (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 \$ 3,000.00  
 Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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.

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>10</u>	I.D. NUMBER <u>1449256</u>

INSTRUCTIONS ON REVERSE  
NAME OF FILER

Yara Wolff for City Council 2022

**INSTRUCTIONS:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| P campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| S campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| 3 contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| C civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| candidate filing/ballot fees                                    | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| D fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| 1 independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| 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
<u>City of West Covina 1444 West Garvey Ave S West Covina, CA 91790</u>	<u>FIL</u>		<u>\$ 800.00</u>
<u>Political Data Inc.</u> [REDACTED]		<u>Political Data</u>	<u>\$1,200.00</u>
<u>USPS</u> [REDACTED]	<u>CMF</u>		<u>\$108.00</u>

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

**SUBTOTAL \$** 2,108.00

**Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>7,457.48</u>
Unitemized payments made this period of under \$100.....	\$ <u>9.79</u>
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0</u>
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b> <u>7,467.27</u>



**Schedule E**  
**Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
Page <u>9</u> of <u>10</u>	I.D. NUMBER <u>1449256</u>

INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| P campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| S campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| B contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| C civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| candidate filing/ballot fees                                    | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| D fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| J legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| K 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
<u>I Power</u> [REDACTED]			<u>website</u>	<u>\$ 142.20</u>
<u>Vincent Li</u> [REDACTED]	<u>CMP</u>			<u>\$ 225.00</u>
<u>Press Print</u> [REDACTED]	<u>CMP</u>			<u>\$ 4,867.28</u>
<u>Secretary of State</u> [REDACTED]	<u>FIL</u>			<u>\$ 115.00</u>

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

**SUBTOTAL \$** 5,349.48

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>July 1, 2022</u> through <u>September 24, 2022</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>10</u>	I.D. NUMBER <u>1449256</u>

INSTRUCTIONS ON REVERSE

NAME OF FILER

Yara Wolff for City Council 2022

**INSTRUCTIONS:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| P campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| S campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| 3 contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| C civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| candidate filing/ballot fees                                    | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| D fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| campaign literature and mailings                                | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>Press Print</u> [REDACTED]	<u>LIT</u>		<u>\$ 5,397.24</u>		<u>\$ 5,397.24</u>

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

**SUBTOTALS \$** 0 **\$** 5,397.24 **\$** 0 **\$** 5,397.24

**Schedule F Summary**

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 5,397.24

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0

Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$** 5,397.24

May be a negative number

FPPC Form 460 (Jan/2016))

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