

**FROM**

**TO**

Name:

West Covina City Clerk

Phone:

Fax: 2134526577

6269390682

E-mail:



Sent: 10/7/22

at: 7:31:15 PM

3 page(s) (including cover)

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Subject: 100722A\_TEA3396.002\_Form 496

Comments:

**496 Independent Expenditure Report**

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER <b>Working Families for West Covina Supporting Luna and Sykes for City Council 202</b>		Date of This Filing 10/07/2022	2022 OCT 17 AM 9:00 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM <b>496</b> For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (# applicable) 1454805	Report No. 100722A		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 1	

**1. List Only One Candidate or Ballot Measure**

NAME OF CANDIDATE SUPPORTED OR OPPOSED <b>Daniel Luna</b>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <b>City Council</b>	DISTRICT NO. <b>4</b>	SUPPORT <b>X</b>	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2022	Literature and Postage (Cumulative Total: \$8,719.33)	\$3,718.33 Estimate
10/07/2022	Digital Ads (Cumulative Total: \$8,719.33)	\$5,000 Estimate

Reason for Amendment \_\_\_\_\_

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496 Independent Expenditure Report

**CALIFORNIA FORM 496**

NAME OF FILER

I.D. NUMBER (if applicable)

**3. Contributions of \$100 or More Received\***

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	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\* 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