

RECEIVED

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

| | | | | |
|--|--|---|--|--|
| NAME OF FILER Working Families for West Covina Supporting Luna and Sykes for City Council 202 | | Date of This Filing 10/22/2022 | Date Stamp 2022 OCT 27 PM 12:32 | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) 1454805 | Report No. 102222B | CITY OF WEST COVINA CITY CLERK'S OFFICE | |
| 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 Ollie Cantos | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD City Council | DISTRICT NO. 4 | SUPPORT | OPPOSE X | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

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

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|---|------------|
| 10/21/2022 | Literature & Postage (Cumulative Total: \$8,106.34) | \$3,106.34 |
| | | |
| | | |
| | | |

Reason for Amendment _____

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496 Independent Expenditure Report

CALIFORNIA 496
FORM

I.D. NUMBER (if applicable)

NAME OF FILER

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

FPPC Form 496 (Feb/2019)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

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