

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
RECEIVED 2023 JAN 31 PM 2:31 CITY CLERK'S OFFICE	
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period
 from 10/23/2022
 through 12/31/2022

Date of election if applicable:
 (Month, Day, Year)
11/08/2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1412878

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rozatti for City Treasurer 2022

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
n/a
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
 [REDACTED]

Treasurer(s)

NAME OF TREASURER
Colleen Rozatti
 MAILING ADDRESS
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
n/a
 MAILING ADDRESS
n/a
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement 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 01.25.2023
 Date
 Executed on 01.25.2023
 Date
 Executed on _____
 Date
 Executed on _____
 Date

[REDACTED SIGNATURE]

 Treasurer

 For Responsible Officer of Sponsor

 Measure Proponent

 Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Colleen B Rozatti

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Treasurer-City of West Covina

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 Rozatti for West Covina City Council 2020	I.D. NUMBER 1432872
NAME OF TREASURER Colleen Rozatti	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	

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>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rozatti for City Treasurer 2022

I.D. NUMBER

1412878

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>-0-</u>	\$ <u>900.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>-0-</u>	\$ <u>1,900.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>-0-</u>	\$ <u>2,800.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>-0-</u>	\$ <u>2,800.00</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
6. Payments Made..... Schedule E, Line 4	\$ <u>333.57</u>	\$ <u>2,698.25</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>333.57</u>	\$ <u>2,698.25</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>333.57</u>	\$ <u>2,698.25</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

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>765.32</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>-0-</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>-0-</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>333.57</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>431.75</u>

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

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>1,900.00</u>

*Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>10/23/2022</u> through <u>12/31/2022</u>	CALIFORNIA 460 FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rozatti for City Treasurer 2022

I.D. NUMBER

1412878

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
Colleen Rozatti-Self [REDACTED]	Educator-WCUSD	\$ 1,200.00	\$ -0-	<input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN	\$ 1,200.00 DATE DUE	-0-% RATE	\$ 1,200.00 DATE INCURRED	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								
Colleen Rozatti-Self [REDACTED]	Educator-WCUSD	\$ 700.00	\$ -0-	<input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN	\$ 700.00 DATE DUE	-0-% RATE	\$ 700.00 DATE INCURRED	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	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS		\$ -0-	\$ -0-	\$ 1,900.00	\$ -0-			

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

Schedule B Summary

- Loans received this period \$ -0-
(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 \$ -0-**
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>10/23/2022</u>	CALIFORNIA FORM 460
through <u>12/31/2022</u>	

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NAME OF FILER


Rozatti for City Treasurer 2022

I.D. NUMBER

1412878

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT 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
Lazy Dog Restaurant 		Meals for campaign workers	\$271.19

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

SUBTOTAL \$ 271.19

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 271.19
2. Unitemized payments made this period of under \$100.....	\$ 62.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 333.57