

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM
460

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CITY OF WEST COVING
CITY CLERK'S OFFICE

Page 1 of 5
For Official Use Only

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

11/3/2026

Statement covers period
from 1/1/2024

through 6/30/2024

SEE INSTRUCTIONS ON REVERSE

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

- Officerholder, 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/Officerholder Committee (Also Complete Part 7)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1450905

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Olivia Cantos For City Council

Treasurer(s)

NAME OF TREASURER

Steve Herfert

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the for

Executed on 1/19/2024 By _____

Executed on 1/19/2024 By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

is true and complete. I

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ollie Cantos

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 SUPPORT OPPOSE

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/2024
through 6/30/2024

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CALIFORNIA FORM **460**

I.D. NUMBER
1450905

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ollie Cantos For West Covina City Council

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>	\$ _____
2. Loans Received Schedule B, Line 3 <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 <u>0</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3 <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 <u>0</u>	\$ _____

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4 \$ <u>523.47</u>	\$ _____
7. Loans Made Schedule H, Line 3 <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 <u>523.47</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 <u>0</u>	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3 <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 <u>523.47</u>	\$ _____

Expenditures Made

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
20. Contributions Received \$ _____	\$ _____
21. Expenditures Made \$ _____	\$ _____

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance Previous Summary Page, Line 16 \$ <u>17567.73</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>523.47</u>	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 <u>17044.26</u>	\$ _____

Current Cash Statement

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ <u>0</u>	\$ _____

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
18. Cash Equivalents See instructions on reverse \$ _____	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____	\$ _____

Cash Equivalents and Outstanding Debts

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy) _____	_____
_____	\$ _____
_____	\$ _____

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

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).

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 1/1/2024
 through 6/30/2024

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 I.D. NUMBER
1450905

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Ollie Cantos For West Covina City Council

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	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	PERELECTION**	
										CALENDAR YEAR	PERELECTION**
	<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	Federal Employee	\$ 8000	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 8000	0 %	\$ 8000			
SUBTOTALS \$						\$ 8000		\$ 8000			

(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
 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ollie Cantos For West Covina City Council

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1450905

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
24 Hr. Anytime Mail [REDACTED]	POS		PO Box	168.00
US Bank Covina [REDACTED]	OFC		Bank Fees	143.00
Rainbow Donuts [REDACTED]	MTG		Neighborhood Watch	114.00

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

SUBTOTAL \$ 425.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 425.00
- Unitemized payments made this period of under \$100 \$ 98.47
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 523.47**