

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**  
FORM

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For Official Use Only

Date Stamp  
**RECEIVED**

FEB 1 1 REC'D

CITY CLERK'S OFFICE  
CITY OF WEST COVINA

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

N/A

Statement covers period  
from July 1, 2023

through December 31, 2023

SEE INSTRUCTIONS ON REVERSE

## 1. 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:

- 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

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

Rosario Diaz for West Covina City Council 2024

## Treasurer(s)

NAME OF TREASURER

Uedra A. Flores

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

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

Executed on Feb. 01, 2024 Date

Executed on 2/1/2024 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

CALIFORNIA 460 FORM

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rosario Diaz
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
West Covina City Council, District 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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?
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?
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
N/A
BALLOT NO. OR LETTER JURISDICTION
SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
NA
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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT, OPPOSE. Rows for multiple candidates.

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from July 1, 2023  
through December 31, 2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rosario Diaz for West Covina City Council 2024

I.D. NUMBER

1463766

## Contributions Received

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

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$	7/1 to Date
21. Expenditures Made	\$	7/1 to Date

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 100.00	\$ 100.00
7. Loans Made.....	Schedule H, Line 3	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 100.00	\$ 100.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 100.00	\$ 100.00

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$
/ /	\$

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0
13. Cash Receipts.....	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above 100.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0

*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).

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0

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