

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period
from JAN 1, 2024
through JUN 30, 2024

Date of election if applicable:
(Month, Day, Year)
NOV 3, 2020

Date Stamp
RECEIVED
2024 JUL 30 AM 10:05
CITY OF WEST COVINA
CITY CLERK'S OFFICE

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:

- Preelection 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
1425306

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

BENNETT FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>WEST COVINA</u> | <u>CA</u> | <u>91790</u> | <u>626-625-7400</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

SAME

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

STEVEN BENNETT

MAILING ADDRESS

| | | | |
|--------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>WEST COVINA</u> | <u>CA</u> | <u>91790</u> | <u>626-625-7400</u> |

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 foregoing information and attached schedules is true and complete. I

Executed on 7/26/2024
Date

By

Executed on 7/26/2024
Date

By

Executed on _____
Date

By

Executed on _____
Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

STEVEN BENNETT

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL OF WEST COVINA - DISTRICT 3

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 |
|----------------|-------------|

BENNETT FOR CITY CLERK 2018

1412502

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

STEVEN BENNETT

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

[REDACTED]

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

[REDACTED]

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

NONE

NONE

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

NONE

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

NONE

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

NONE

NONE

NONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

NONE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

NONE

NONE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

NONE

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

NONE

NONE

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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|--|

STEVEN BENNETT

CITY COUNCIL

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

NONE

NONE

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

NONE

NONE

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

NONE

NONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>JAN 1, 2024</u> | CALIFORNIA FORM 460 |
| through <u>JUN 30, 2024</u> | |
| Page <u>3</u> of <u>6</u> | I.D. NUMBER <u>1425306</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BENNETT FOR CITY COUNCIL 2020

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>0.00</u> | \$ <u>0.00</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..... <i>Schedule E, Line 4</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>0.00</u> | \$ <u>0.00</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>2,990.93</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>0.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0.00</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>0.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2,990.93</u> |

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

| | |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|---|----------------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>7,500.00</u> |

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).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>JAN 1, 2024</u> through <u>JUN 30, 2024</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>6</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER BENNETT FOR CITY COUNCIL 2020 | I.D. NUMBER 1425306 |
|---|-------------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| NONE | NONE | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | NONE | NONE | |
| NONE | NONE | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | NONE | NONE | |
| NONE | NONE | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | NONE | NONE | |
| NONE | NONE | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | NONE | NONE | |
| NONE | NONE | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | NONE | NONE | |

SUBTOTAL \$ 0.00

Schedule A Summary

| | | |
|--|-----------------------|-------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ _____ | 0.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ _____ | 0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ _____ | 0.00 |

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>JAN 1, 2024</u> through <u>JUN 30, 2024</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>6</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BENNETT FOR CITY COUNCIL 2020

I.D. NUMBER

1425306

| 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 |
|---|--|--|------------------------------------|--|--|----------------------------------|--|--|
| STEVEN BENNETT [REDACTED] | AREA MANAGER AMERICAN PROMOTIONAL EVENTS, INC. | \$ 7,500.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 7,500.00 DATE DUE _____ | 0 % RATE | \$ 500.00 5/1/2020 DATE INCURRED | CALENDAR YEAR \$ 7,500.00 PER ELECTION** \$ _____ |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | |
| NONE | NONE | \$ _____ | \$ _____ | <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 | | | | | | | | |
| NONE | NONE | \$ _____ | \$ _____ | <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 | | \$ | 0.00 \$ | 0.00 \$ | 7,500.00 \$ | 0.00 \$ | | |

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ 7,500.00
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 | | CALIFORNIA FORM 460 |
| from | JAN 1, 2024 | |
| through | JUN 30, 2024 | Page <u>6</u> of <u>6</u> |
| NAME OF FILER | | I.D. NUMBER |
| BENNETT FOR CITY COUNCIL 2020 | | 1425306 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 |
|---|------|----|------------------------|-------------|
| NONE | | | NONE | |
| NONE | | | NONE | |
| NONE | | | NONE | |

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

SUBTOTAL \$ 0.00

Schedule E Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 0.00 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 0.00 |