Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period	Date of election if applicable:	MECRIVEL	Page1 of17
	fromJuly 1, 2024	(Month, Day, Year)	BOM DOT A THE	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through September 1, 2024	November 5, 2024	2024 OCT -3 PH 5:	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	CITY CLERK'S OFF	
☑ Officeholder, Candidate Controlled Committee □ ☐ State Candidate Election Committee □ ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee □ ☐ Sponsored □ ☐ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t Quart Speciermination)	erly Statement al Odd-Year Report
3. Committee Information	^{D. NUMBER} not yet qualified	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Cecilia Munoz Committee to Elect for Wes	t Covina Councilmember	Monica Keough		
District 3, 2024		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BO	X	Cecilia Munoz		
same as above		IMILITO ADDITEO		
CITY STATE ZIP CI Same as above	ODE AREA CODE/PHONE	CITY	STATE ZIP.CC	DE AREA CODE/BHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAILADDR	ESS	
<u> </u>				
4. Verification				
I have used all reasonable diligence in preparing and review				
certify under penalty of perjury under the laws of the State of	f California that the fon			
Executed on Pate	By			
Executed on 4-26-2024	Ву			
Executed on	Ву			
Date				
Executed on	Ву	Signature of Controlling Officeholder, Candidate	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	t Measure	Committee	•			
NAME OF OFFICEHOLDER	OR CANDIDATE				NAME OF BALLOT MEASURE				
Cecilia Munoz, c	andidate				N/A				
OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AND DISTR	RICT NUMBER	R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	T	SUPPORT
Councilmember	, West Covina, Distric	t 3			N/A				OPPOSE
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STREET) C	ΙΤΥ	STATE ZIP		Identify the controlling office	nolder, candi	date, or state	measure propo	onent, if any.
Related Committees	Not Included in this Sta	tement: /	ist any committees		NAME OF OFFICEHOLDER, CAN N/A	IDIDATE, OR F	PROPONENT		
not included in this statem	ent that are controlled by you or	are primarily	formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	FANY
contributions or make expe	enditures on behalf of your cand	idacy.			N/A				
COMMITTEE NAME		I.D. NUMBE	R					<u> </u>	
NONE		N/A							
NAME OF TREASURER		CONTROLL	ED COMMITTEE?	7.	Primarily Formed Cand	idate/Offic	eholder Co	ommittee Lis	t names of
N/A		T YES	□ NO		officeholder(s) or candidate(s)	for which this	committee is	primarily formed	<i>i.</i>
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. E				NAME OF OFFICEHOLDER OR O	CANDIDATE		UGHT OR HELD	L3V
N/A					Cecilia Munoz, Ca	ndidate	West Co	ovina Imember, D	SUPPORT OPPOSE
N/A	STATE ZIP C	ODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE		UGHT OR HELD	OFFOSE
IN/A									SUPPORT
COMMITTEE NAME		I.D. NUMBE	R						OPPOSE
NONE					NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLL	ED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD		 			
N/A		☐ YES	□ NO						SUPPORT
COMMITTEE ADDRESS N/A	STREET ADDRESS (NO P.O. E	BOX)					<u> </u>		OPPOSE
CITY N/A	STATE ZIP C	ODE	AREA CODE/PHONE		Attac	ch continuatio	on sheets if n	iecessary	

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period **CALIFORNIA** from July 1, 2024 **FORM** September 21, 2024 through ... I.D. NUMBER NOT YET QUALIFIED

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cecilia Munoz committee to Elect for West Covina Councilmember, District 3, 2024

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** 1/1 Ihrough 6/30 7/1 to Date 2. Loans Received...... Schedule B, Line 3 n 20. Contributions NONE 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ NONE Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures NONE NONE 0 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ _ Candidates 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ _____ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 0 0 none **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 0 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding 0 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. 0 of your last report. Some amounts in Column A may 0 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts, If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ __ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A			ts may be rounded			SCHEDULE /	
Monetary	Contributions Received	το	whole dollars.	Statement covers period CALIFORN from July 1,12024 FORM			
SEE INSTRUCTION	ONS ON REVERSE			through Septem	ber 21, 2024	Page 4	/_of_/7
NAME OF FILER Cecilia Mu	noz Committee to Elect for West Covina Council	lmember, Distric	et 3, 2024			I.D. NUMBER	
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 CALENDAR Y (JAN. 1 - DEC	D DATE P	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		/			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	5			
1. Amount red	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.)		\$. 0	IND -	tributor Codes - Individual – Recipient Co (other than I	
	ceived this period – unitemized monetary contribut	ions of less than	\$100\$	0	PTY	– Other (e.g., l – Political Part	business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1.)TOTAL \$	0 ·	PPC Advice: advice		m 460 (Jan/2016)) pv (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received NAME OF FILER Cecilia Munoz Committee to Elect for West Covina Councilr		Amounts may to whole c	dollars.	Statement cov from July 1, 20 Septemb	24	I.D. NUMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	O DATE /EAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC IND COM OTH			(WW.) BEC	2.51,	(II NEQUINED)
		☐ SCC ☐ IND ☐ COM OTH ☐ PTY ☐ SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC	, '				\approx

SUBTOTAL \$

*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

SCF	HEDI	ULE	В -	PART	1

Amounts may be rounded Schedule B - Part 1 to whole dollars.

Statement covers period **CALIFORNIA**

Loans Received from July 1, 2024 **FORM** September 21, 2024 Page ______ SEE INSTRUCTIONS ON REVERSE through ... NAME OF FILER I.D. NUMBER Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024 not yet qualified (b) AMOUNT (c) AMOUNT PAID (a) OUTSTANDING IF AN INDIVIDUAL, ENTER (d) OUTSTANDING (e) INTEREST (g) CUMULATIVE ORIGINAL FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS BALANCE AT CLOSE OF THIS PERIOD OF LENDER AMOUNT OF RECEIVED THIS OR FORGIVEN PAID THIS CONTRIBUTIONS (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD THIS PERIOD * PERIOD LOAN TO DATE NAME OF BUSINESS) PERIOD CALENDARYEAR PAID DATE ☐ FORGIVEN PER ELECTION** ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** ☐ COM ☐ OTH ☐ PTY ☐ SCC DATE DUE DATE INCURRED PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** [†]□IND □ COM □ OTH □ PTY □ SĆC DATE DUE DATE INCURRED SUBTOTALS \$ \$ \$ \$ (Enter (e) on Schedule E, Line 3) Schedule B Summary 0 1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) 0 †Contributor Codes 2. Loans paid or forgiven this period..... iND - Individual (Total Column (c) plus loans under \$100 paid or forgiven.) COM - Recipient Committee (Include loans paid by a third party that are also itemized on Schedule A.) (other than PTY or SCC) 0 OTH - Other (e.g., business entity) PTY - Political Party Enter the net here and on the Summary Page, Column A. Line 2. SCC - Small Contributor Committee (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 2		Amounts may be rounded	r				DULE B - PART
Loan Guarantors		to whole dollars.		Statement covers period	d (CALIFOR	NIA 460
				from July 1, 2024		FORM	
SEE INSTRUCTIONS ON REVERSE				September 21, 2	024	Page 1	_ of <u>17</u>
NAME OF FILER						I.D. NUMBER	
Cecilia Munoz Committee to Elect for Wes	t Covina Coun	cilmember, District 3, 2024				not yet qu	alified
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)	LOAN	AMOUNT GUARANTEED THIS PERIOD		MULATIVE D DATE	BALANCE OUTSTANDING TO DATE
	☐ IND		LENDER		CALE \$	NDAR YEAR	
	OTH PTY		DATE		PER (IF F	ELECTION REQUIRED)	
	□scc				\$		_
	□IND		LENDER		CALE	NDAR YEAR	
	□COM □OTH □PTY		DATE		S PER (IF R	ELECTION EQUIRED)	
	□scc				\$	_	
	□IND		LENDER		CALE	NDAR YEAR	
	□сом		DATE	/	\$ PER	ELECTION EQUIRED)	
	□PTY □scc		UATE		\$	EQUIRED)	
	□IND		LENDER		CALE	NDAR YEAR	
/	_ □сом				s		
	□ OTH □ PTY		DATE		PER (IF R	ELECTION EQUIRED)	
	□scc				s		

Enler on Summary Page, Line 17 only,

SUBTOTAL \$

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars,

SCHEDULE C Statement covers period **CALIFORNIA** July 1, 2024 FORM from_ September 21, 2024 Page 🗹 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cecilia Munoz Committee to Flect for West Covina Councilmember, District 3, 2024

	Tarioz Committee to Elect for West Covin	a Courtelline	Tiber, District 5, 2024			not yet	qualified	
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□ IND COM □ OTH □ PTY □ SCC						
		□ IND □ COM □ OTH PTY □ SCC						
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTOTAL \$	}			
Schedule	C Summary					*Contributor Co	des	
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$						IND – Individual COM – Recipies	IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party	
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$						OTH – Other (e PTY – Political		
3. Total nor (Add Line	nmonetary contributions received this period es 1 and 2. Enter here and on the Summar	d. y Page, Colun	nn A, Lines 4 and 10.)	TOTAL \$ _	0	SCC - Small Co	ontributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period
July 1, 2024
from CALIFORNIA 460
through September 21, 2024

Page 9 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cocilia Munaz Committee to Floot for West Couling Council parabox District 2, 2004

I.D. NUMBER
not yet qualified

Occilia IVII	unoz committee to Elect for West Covina Coun-	alinember, District 3	, 2024		not yet	qualified
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution			_	
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure		1		
		Monetary Contribution				
/		Nonmonetary Contribution				
	Support Dppose	Independent Expenditure				
			SUBTOTAL	\$		
				:		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ _	U
2. Unitemized contributions and independent expenditures made this period of under \$100		0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page		0

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dolla	ars.	Statement cover from July 1, 2 through eptember	024		0_ of /7
Cecilia Mu	noz Committee to Elect for West Covina Counc	cilmember, District 3, 2	2024			not yet	qualified
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution					

☐ Independent

Expenditure

SUBTOTAL \$

0

☐ Support

Oppose

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2024

voter registration

WEB information technology costs (internet, e-mail)

VOT

CALIFORNIA FORM

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

LIT

Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024

September 21, 2024

I.D. NUMBER

NOT YET QUALIFIED

COI	DES: If one of the following codes accurately described	s the	payment, you may enter the code. C	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants contribution (explain nonmonetary)*		meetings and appearances		returned contributions
	civic donations		office expenses		campaign workers' salaries
	candidate filing/ballot fees		petition circulating phone banks		t.v. or cable airtime and production costs
	fundraising events		polling and survey research	PAT	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense		professional services (legal, accounting)		voter registration

PRO professional services (legal, accounting)

PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		/	
ayments that are contributions or independent expenditures must also be summarized on S	chedule D.	SUBT	OTAL \$

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 		
	Unitemized payments made this period of under \$100	\$		
	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$		
	Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	7	

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E	
(Continuation	Sheet)
Payments Mad	de

Amounts may be rounded to whole dollars,

SCHEDULE E (CONT.)

Statement covers period
from July 1, 2024
through September 21, 2024

FORM 460

age 2 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024

г.р. number not yet qualified

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 radio airtime and production costs CNS campaign consultants MTG meetings and appearances 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 staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense 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
			,
* D			

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2024

CALIFORNIA FORM

through September 21, 2024

I.D. NUMBER

NOT YET QUALIFIED

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024

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 candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	5 (\$		3

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

/.... NET

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)....

May be a negative number FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period July 1, 2024

CALIFORNIA 460

SCHEDULE F (CONT.)

September 21, 2024

ng6 4 of 12

NAME OF FILER

Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024

I.D. NUMBER
not yet qualified

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
				<u>/</u>	
	SUBTOTALS	\$	\$	\$	\$

Schedule G	
Payments Made by an Agent or Independen	ıſ
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

Statement covers period July 1, 2024

california 460

SCHEDULE G

September 26, 2024

Page 15 of 17

not yet qualified

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cecilia Munoz Committee to Elect for West Covina Councilmember, District 3, 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
		-	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

FPPC Form 460 (Jan/2016))

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^{*}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*	Amounts may be rounded Statement cov to whole dollars. July 1, 20 from					CALIFORN FORM	11A 46 0	
SEE INSTRUCTIONS ON REVERSE					Septemb through	oer 21, 2024	Page 6	of 17
NAME OF FILER				_			I.D. NUMBER	
Cecilia Munoz Committee to Elect for	West Covina Councilmem	ber, District 3	, 2024				not yet q	ualified
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		s	\$	\$ PAID \$ FORGIVEN	\$	RATE	\$	CALENDAR YEAR PER ELECTION
				PAID \$	DATE DUE	%	S	CALENDAR YEAR
		\$	\$	FORGIVEN \$	DATE DUE	RATE \$	DATE INCURRED	PER ELECTION
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgived reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary 1. Loans made this period					.	(Enter (e) on Schedule I, Line 3)		

(Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

2. Payments received on loans\$

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(May be a negative number)

**If Required

Schedule I Miscellaneous Increases to Cash		Amounts may be r to whole dolla		Statement covers period from July 1, 2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REV	/ERSE			through September 21, 2024	Page of
NAME OF FILER					I.D. NUMBER
Cecilia Munoz Comm	ittee to Elect for West Covina Councilmembe	er, District 3, 2024			not yet qualified
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional infor	mation on appropriately labeled continuation sheets	·		SUBTOTAL	\$
Schedule I Summ	ary				
1. Itemized increases t	o cash this period		•••••	\$	
2. Unitemized increase	es to cash of under \$100 this period		•••••		:
3. Total of all interest re	eceived this period on loans made to others. (S	Schedule H, Column (e).)	(.\$	
4. Total miscellaneous Summary Page, Line	increases to cash this period. (Add Lines 1, 2, e 14.)	and 3. Enter here an	d on the	TOTAL \$	FDBC Faura 450 Ham (2045)

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