

**FROM**

**TO**

Name:

West Covina City Clerk

Phone:

Fax: 2134526577

6269398682

E-mail:

[REDACTED]

Sent: 10/15/22

at: 10:59:52 PM

3 page(s) (including cover)

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Subject: 101422A\_TEA3396.002\_FORM 496

Comments:

**496 Independent Expenditure Report**

Amounts may be rounded to whole dollars.

RECEIVED

|  |  |   |   |  |
|--|--|---|---|--|
| NAME OF FILER<br>Working Families for West Covina Supporting Luna and Sykes for City Council 202 |  | Date of This Filing<br>10/15/2022   | Date Stamp<br>2022 OCT 17 AM 9:00<br>CITY OF WEST COVINA<br>CITY CLERK'S OFFICE | CALIFORNIA FORM 496<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>[REDACTED]   | I.D. NUMBER (if applicable)<br>1454805 | Report No.<br>101422A   |   |  |
| STREET ADDRESS<br>[REDACTED]   |  | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |   |  |
| CITY<br>[REDACTED]   | STATE<br>[REDACTED]                    | ZIP CODE<br>[REDACTED]  | No. of Pages<br>1   |  |

**1. List Only One Candidate or Ballot Measure**

|   |                   |              |        |   |              |         |        |
|---|-------------------|--------------|--------|---|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED<br>Daniel Luna |                   |              |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD<br>City Council                 | DISTRICT NO.<br>4 | SUPPORT<br>X | OPPOSE | BALLOT NO./LETTER                           | JURISDICTION | SUPPORT | OPPOSE |

**2. Independent Expenditures Made** *Attach additional information on appropriately labeled continuation sheets.*

| DATE       | DESCRIPTION OF EXPENDITURE                             | AMOUNT              |
|------------|--|---------------------|
| 10/14/2022 | Literature and Postage (Cumulative Total: \$12,438.66) | \$3,719.33 Estimate |
|            |  |                     |
|            |  |                     |
|            |  |                     |

Reason for Amendment \_\_\_\_\_

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496 Independent Expenditure Report

**CALIFORNIA FORM 496**

NAME OF FILER

I.D. NUMBER (if applicable)

**3. Contributions of \$100 or More Received\***

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                  |
|---------------|---|--|---|-----------------|---|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan, enter interest rate, if any<br>_____ % |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\* 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

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