

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

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**CALIFORNIA FORM 460**

Page 1 of 31

For Official Use Only

**Statement covers period**

from 10/20/2024

through 12/31/2024

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

\_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

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

- |                                                                       |                                                                                                             |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                                          |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled                                                                            |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>                                            |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input checked="" type="radio"/> Sponsored                            |                                                                                                             |
| <input type="radio"/> Small Contributor Committee                     |                                                                                                             |
| <input type="radio"/> Political Party/Central Committee               |                                                                                                             |

**2. Type of Statement:**

- |                                                                                             |                                                                               |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                              | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                          |                                                                               |

**3. Committee Information**

I.D. NUMBER  
1227285

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
West Covina Firefighters Political Action Committee

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Ryan Schwartz

MAILING ADDRESS  
[REDACTED]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
Cine D. Ivery

MAILING ADDRESS  
[REDACTED]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I certify

Executed on 01/23/2025  
Date

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

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

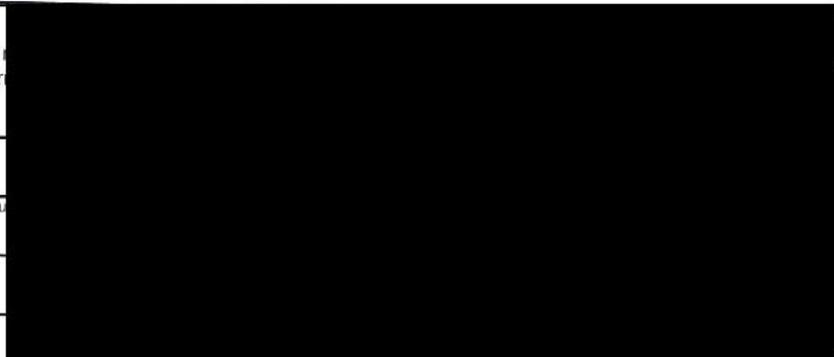
Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

By \_\_\_\_\_  
Signature

By \_\_\_\_\_

By \_\_\_\_\_



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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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
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**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
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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
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/20/2024</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2024</u>	
Page <u>3</u> of <u>31</u>	I.D. NUMBER <u>1227285</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Firefighters Political Action Committee

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 8,670.00	\$ 19,534.28
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 8,670.00	\$ 19,534.28
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 8,670.00	\$ 19,534.28

**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	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 5,971.61	\$ 10,484.21
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 5,971.61	\$ 10,484.21
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-4,418.41	7.32
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 1,553.20	\$ 10,491.53

**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 ..... Previous Summary Page, Line 16	\$ 139,333.45
13. Cash Receipts ..... Column A, Line 3 above	8,670.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	5,971.61
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 142,031.84

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
-------------------------------------------------------	---------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 7.32

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.

Statement covers period  
from 10/20/2024  
through 12/31/2024

SCHEDULE A  
**CALIFORNIA FORM 460**  
Page 4 of 31  
I.D. NUMBER  
1227285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Firefighters Political Action Committee

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)
10/21/2024	Jordan Abell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Peter Aguilar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Tony Andrade [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Tony Andrade [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	165.00	
10/21/2024	Cesar Baltazar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8,670.00

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 \$** 8,670.00

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 5 of 31

NAME OF FILER  
West Covina Firefighters Political Action Committee  
I.D. NUMBER  
1227285

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)
10/21/2024	Christopher Bennett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Kevin Bland [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Matthew Briskie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Philip Brown [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jeffrey Chatelain [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page <u>6</u> of <u>31</u>
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Sunny Chen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Domenic D'Andrea [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Christopher Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Brian De La Cruz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jon-Michael Elias [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page <u>7</u> of <u>31</u>
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Daniel Emerson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jeff Flanagan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Sherard Flores [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Naomi Forgay [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Carlos Galvez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 8 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Janelle Gibbs [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Justin Gonzales [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Eric Gonzalez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Justin Goodey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Michael Hambel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page <u>9</u> of <u>31</u>
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Guy Hamilton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Kyle Hargrove [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Bryan Hauser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Peter Hector [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Erin Lambert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 10 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Billy Jackson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Matthew Jackson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Sverre Johannessen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Joseph Justus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Daniel Konler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 11 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Griqor Greg Konduralyn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Paul Krueger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Brian Lagarde [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	John Lazette [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Keith Lindsay [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rookport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 12 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Ronald Julian [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Michael McCluer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Phillip McCullough [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Brian McDermott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Pedro Medina [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTALS \$</b>				75.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 13 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	[REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Alberro Nunez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Kyle Ohs [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Terry Paredes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jackson Park [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 14 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Christopher Quinones [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jason Rice [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jason Rice [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Andrew Robertson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jason Robles [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 15 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Esteban Rodriguez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Jeffrey Rudometkin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Daniel Saldivar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Garrett Schamber [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Ryan Schwartz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 16 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/21/2024	Steven Seaba [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Joseph Silquero [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Tristain Traub [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Edgar Vela [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/21/2024	Sean Wise [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				75.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
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NAME OF FILER West Covina Firefighters Political Action Committee	I.D. NUMBER 1227285
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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)
10/21/2024	Dustin Worley [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	15.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	165.00	
10/22/2024	Jordan Abell [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Peter Aguilar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Tony Andrade [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Cesar Baltazar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				495.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 18 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Christopher Bennett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Kevin Bland [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Matthew Briskie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Philip Brown [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jeffrey Chatelain [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTALS</b>				600.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER West Covina Firefighters Political Action Committee	I.D. NUMBER 1227285
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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)
10/22/2024	Sunny Chen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Domenic D'Andrea [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Christopher Davis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Brian De La Cruz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jon-Michael Elias [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				<b>600.00</b>		

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 20 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Daniel Emerson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jeff Planacan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Sherard Flores [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Naomi Forday [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Carlos Galvez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 21 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Janelle Gibbs [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Justin Gonzales [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Eric Gonzalez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Justin Goodey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Michael Hamel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH -- Other (e.g., business entity)  
 PTY -- Political Party  
 SCC -- Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/20/2024  
through 12/31/2024

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
West Covina Firefighters Political Action Committee

I.D. NUMBER  
1227285

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)
10/22/2024	Guy Hamilton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92645	300.00	
10/22/2024	Kyle Hargrove [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92645	300.00	
10/22/2024	Bryan Hauser [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92645	300.00	
10/22/2024	Peter Hector [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92645	300.00	
10/22/2024	Erik Isambert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92645	300.00	
<b>SUBTOTAL \$</b>				600.00		

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 23 of 31

NAME OF FILER West Covina Firefighters Political Action Committee	I.D. NUMBER 1227285
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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)
10/22/2024	Billy Jackson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Matthew Jackson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Sverre Johannessen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Joseph Justus [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Daniel Kohler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 24 of 31

NAME OF FILER West Covina Firefighters Political Action Committee	I.D. NUMBER 1227285
----------------------------------------------------------------------	------------------------

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)
10/22/2024	Grigor Greg Konduralyn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Paul Krueger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Brian Lagarce [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	John Lazette [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Kaitn Lindsay [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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       (other than PTY or SCC)  
 OTH -- Other (e.g., business entity)  
 PTY -- Political Party  
 SCC -- Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 25 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Ronald Lujan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Michael McCluer [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Phillip McCullough [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Brian McDermott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Pedro Medina [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 26 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Brent Meier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Alberto Nunez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Kyle Ohs [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Terry Paredes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jackson Park [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 27 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Christopher Quinones [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jason Rice [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jason Rice [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Andrew Robertson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jason Robles [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 28 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Esteban Rodriguez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Jeffrey Rudometkin [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Daniel Saldivar [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Garrett Schamber [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Ryan Schwartz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

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 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/2024	
through	12/31/2024	Page 29 of 31
NAME OF FILER		I.D. NUMBER
West Covina Firefighters Political Action Committee		1227285

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)
10/22/2024	Steven Seeba [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Joseph Silquero [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Tristain Traub [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Edgar Vela [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
10/22/2024	Sean Wise [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of West Covina	120.00  Received through intermediary: West Covina Firefighters Association 9582 Rockport Drive Huntington Beach, CA 92646	300.00	
<b>SUBTOTAL \$</b>				600.00		

\*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 E  
Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1227285	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Firefighters Political Action Committee

**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
Firefighters Print & Design [REDACTED]	LIT	Mailer	4,418.41
US Postal Service [REDACTED]	POS		37.70
Political Reporting Plus [REDACTED]	PRO	Political Accounting Services	1,515.50

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

**SUBTOTAL \$ 5,971.61**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,971.61
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.)	<b>TOTAL \$ 5,971.61</b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>10/20/2024</u> through <u>12/31/2024</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

West Covina Firefighters Political Action Committee

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

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
Firefighters Print & Design [REDACTED]	LIT Mailer	4,418.41	0.00	4,418.41	0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	<b>SUBTOTALS \$</b>	<b>4,418.41\$</b>	<b>0.00\$</b>	<b>4,418.41\$</b>	<b>0.00</b>
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**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	<u>0.00</u>
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	<u>4,418.41</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	<u>-4,418.41</u> <small>May be a negative number</small>