

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CALIFORNIA  
FORM **460**

1 of 6

For Official Use Only

<p><b>Statement covers period</b></p> <p>from 01/01/2022</p> <p>through 05/21/2022</p>	<p><b>Date of Election if applicable</b></p> <p>06/07/2022</p> <p>(Month, Day, Year)</p>
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**1. Type of Recipient Committee**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-Annual Statement             | <input type="checkbox"/> Special Odd-Year Statement                            |
| <input type="checkbox"/> Termination Statement             | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment                         |  |

**3. Committee Information**

I.D. Number

COMMITTEE NAME  
Re-Elect Geoffrey Cobbett Treasurer 2022

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Covina CA 91723

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

/ racnfam@msn.com

**Treasurer(s)**

NAME OF TREASURER  
Geoffrey Cobbett

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Covina CA

NAME OF ASSISTANT TREASURER, IF ANY  
Linda Cobbett

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Covina CA 91723

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 5-24-22	By [Signature]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 5-24-22	By [Signature]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**Statement covers period**

from 01/01/2022

through 05/21/2022

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Geoffrey Cobbett

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Treasurer - City of Covina

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Covina CA 91723

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE 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 OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee**

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2022	
through		Page 3 of 6
		I.D. NUMBER

NAME OF FILER Re-Elect Geoffrey Cobbett Treasurer 2022

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received . . . . . Schedule B, Line 3	1,000.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+ 2	\$ 1,000.00	\$ 1,000.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 1,000.00	\$ 1,000.00

**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	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills) . . . . . Schedule F, Line 3	429.75	429.75
10. Nonmonetary Adjustment . . . . . Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8 + 9 + 10	\$ 429.75	\$ 429.75

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts . . . . . Column A, Line 3 above	1,000.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	0.00
<b>16. ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,000.00

17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00
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<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 1,429.75



**Schedule B - Part 1  
Loans Received**

SCHEDULE B - PART 1

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	05/21/2022	Page 4 of 6
NAME OF FILER Re-Elect Geoffrey Cobbett Treasurer 2022		I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Geoffrey Cobbett [REDACTED] Covina, CA 91723 Contributor Code: IND	Treasurer  City of Covina		1000.00	<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	1000.00	0.00	1,000.00	CALENDAR YEAR 1,000  PER ELECTION **
					DUE DATE 12/31/2022	INTEREST RATE 0.00 %	DATE INCURRED 05/12/2022	

<b>SUBTOTALS \$</b>	(b) 1,000.00	(c) 0.00	(d) 1,000.00	(e) 0.00	
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**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 1,000.00
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 1,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

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

SCHEDULE F

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2022	
through	05/21/2022	Page 5 of 6
NAME OF FILER Re-Elect Geoffrey Cobbett Treasurer 2022		I.D. NUMBER

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Citi Cards [REDACTED] Sioux Falls, SD 57117	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	0.00	429.75	0.00	429.75

**SUBTOTALS \$ 0.00 \$ 429.75 \$ 0.00 \$ 429.75**

**Schedule F Summary**

- 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.) **INCURRED TOTALS \$ 429.75**
- 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.) **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **.NET \$ 429.75**

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

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2022	
through	05/21/2022	Page 6 of 6
NAME OF FILER Re-Elect Geoffrey Cobbett Treasurer 2022		I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Citi Cards

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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)            |

\* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Geoffrey Cobbett Covina, CA 91723	LIT		429.75

**TOTAL \$** 429.75