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COVER PAGE

Recipient Committee  
Campaign Statement  
Cover Page

Date Stamp RECEIVED BY COVINA CITY CLERK 21 JAN 26 PM 2:30	CALIFORNIA FORM <b>460</b> Page <u>1</u> of <u>2</u> For Official Use Only
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Statement covers period  
from JULY 1, 2020  
through DECEMBER 31, 2020

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.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Signature \_\_\_\_\_

3. Committee Information

ID NUMBER  
990276

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

POLICE ASSOCIATION OF COVINA  
POLITICAL ACTION COMMITTEE

STREET ADDRESS (NO P.O. BOX)

COVINA CA 91723  
CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

AMBER TARDIF

MAILING ADDRESS

COVINA, CA 91723  
CITY STATE ZIP CODE AREA CODE/PHONE

N/A  
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1-26-21  
Date

Executed on 1-26-21  
Date

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

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

By \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2020</u>	<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2020</u>	
Page <u>2</u> of <u>2</u>	ID NUMBER <u>990276</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

POLICE ASSOCIATION OF CALIFORNIA - 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	\$ <u>0</u>	\$ _____
2. Loans Received	Schedule B Line 3	<u>0</u>	_____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions	Schedule C Line 3	<u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0</u>	\$ _____

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E Line 4	\$ <u>0</u>	\$ _____
7. Loans Made	Schedule H Line 3	<u>0</u>	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>0</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F Line 3	<u>0</u>	_____
10. Nonmonetary Adjustment	Schedule C Line 3	<u>0</u>	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ _____

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u> / /</u>	\$ _____
<u> / /</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page Line 16	\$ <u>4871</u>
13. Cash Receipts	Column A Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash	Schedule I Line 4	<u>0</u>
15. Cash Payments	Column A Line 8 above	<u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14. Then subtract Line 15	\$ <u>4871</u>

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

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

**17. LOAN GUARANTEES RECEIVED**

Schedule B Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

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