

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 7

For Official Use Only

Statement covers period
from 01/21/2024
through 02/17/2024

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

03/05/2024

Date Stamp

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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
☐ Supplemental Preelection Statement Attach Form 495

3. Committee Information

I.D. NUMBER
1460118

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

Walt Allen for Covina City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>[REDACTED]</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>N/A</u>			

OPTIONAL. FAX / E-MAIL ADDRESS

yolimiranda@hotmail.com

Treasurer(s)

NAME OF TREASURER

Yolanda Miranda

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Covina</u>	<u>CA</u>	<u>91722</u>	<u>[REDACTED]</u>

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 provided 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.

Executed on 02/22/2024
Date

Executed on 02/22/2024
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]

By [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Walt Allen, III

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

City Council Member City of Covina District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Covina CA 91724

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?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

☐ SUPPORT
☐ OPPOSE

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

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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/21/2024
through 02/17/2024

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Walt Allen for Covina City Council 2024

I.D. NUMBER

1460118

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A, Line 3	\$ 0 00	\$ 0 00
2 Loans Received	Schedule B, Line 3	0 00	0 00
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0 00	\$ 0 00
4 Nonmonetary Contributions	Schedule C, Line 3	0 00	0 00
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0 00	\$ 0 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	\$	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 4,003 00	\$ 4,053 00
7 Loans Made	Schedule H, Line 3	0 00	0 00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 4 003 00	\$ 4,053 00
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	300 00	600 00
10. Nonmonetary Adjustment	Schedule C, Line 3	0 00	0 00
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 4,303 00	\$ 4,653 00

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	\$ 10 365 43
13 Cash Receipts	Column A, Line 3 above	0 00
14 Miscellaneous Increases to Cash	Schedule I, Line 4	50 00
15 Cash Payments	Column A, Line 8 above	4 003 00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ 6 412 43

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

17 LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0 00
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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	\$ 600 00

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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/21/2024 through 02/17/2024	CALIFORNIA FORM 460 Page 4 of 7 I.D. NUMBER 1460118
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Walt Allen for Covina City Council 2024

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	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
HSG Campaigns Pasadena CA 91101	LIT		4 000 00

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

SUBTOTAL \$ 4 000 00

Schedule E Summary

1 Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4 000 00
2. Unitemized payments made this period of under \$100	\$ 3 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)	TOTAL \$ 4 003 00

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/21/2024</u> through <u>02/17/2024</u>		CALIFORNIA FORM 460
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NAME OF FILER Walt Allen for Covina City Council 2024		I.D. NUMBER 1460118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Walt Allen for Covina City Council 2024

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	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 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
Yolanda Miranda & Assoc Covina CA 91722	PRO	300 00	0 00	0 00	300 00
Yolanda Miranda & Assoc Covina CA 91722	PRO	0 00	300 00	0 00	300 00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	300 00\$	300 00\$	0 00\$ 600 00

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

INCURRED TOTALS \$ 300 00PAID TOTALS \$ 0 00NET \$ 300 00
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period from 01/21/2024 through 02/17/2024	SCHEDULE G CALIFORNIA FORM 460 Page 6 of 7
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Walt Allen for Covina City Council 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

HSG Campaigns

I.D. NUMBER

1460118

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Automated Mailers [REDACTED] Lake Forest CA 92630	LIT		235 00
Bridget Kuhn-Larson [REDACTED] Bremerton, WA 98312		Designer	500 00
Union Press [REDACTED] South El Monte CA 91733	LIT		1 525 00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 2 260 00

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

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/21/2024
through 02/17/2024

SCHEDULE I
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Walt Allen for Covina City Council 2024

I.D. NUMBER

1460118

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0 00

Schedule I Summary

1 Itemized increases to cash this period	\$ 0 00
2 Unitemized increases to cash of under \$100 this period	\$ 50 00
3 Total of all interest received this period on loans made to others (Schedule H, Column (e))	\$ 0 00
4 Total miscellaneous increases to cash this period (Add Lines 1 2, and 3 Enter here and on the Summary Page Line 14)	
TOTAL	\$ 50 00