

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

| | |
|--|--------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED BY COVINA CITY CLERK 26 MAY 11 AM 11:20 | |
| Page <u>1</u> of <u> </u> | |
| For Official Use Only | |

| | |
|---------------------------|---|
| Statement covers period | Date of election if applicable: (Month, Day, Year) |
| from <u>01/01/2026</u> | <u>06/02/2026</u> |
| through <u>04/18/2026</u> | |

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <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 |
| <small>(Also Complete Part 5)</small> | <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
| <u>Amending Schedule D & F to include</u> | |
| <u>missing information.</u> | |

3. Committee Information

I.D. NUMBER
1486689

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TJ Nass 4 Covina Treasurer 2026

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

| | | | |
|---------------|-----------|--------------|-------------------|
| 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>Covina</u> | <u>CA</u> | <u>91722</u> | <u>[REDACTED]</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

tjnass4covina@gmail.com, yolimiranda@hotmail.com

Treasurer(s)

NAME OF TREASURER

Yolanda Miranda

MAILING ADDRESS

[REDACTED]

| | | | |
|---------------|-----------|--------------|-------------------|
| 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

Claudia Gonzalez-Miranda

MAILING ADDRESS

[REDACTED]

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

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 05/07/2026

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 05/07/2026

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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Thomas 'TJ' Nass

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

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|--------|-------|-------|
| [REDACTED] | 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | <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 |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2026
through 04/18/2026

CALIFORNIA
FORM **460**

Page 3 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

I.D. NUMBER

1486689

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 15,448.96 | \$ 15,448.96 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 15,448.96 | \$ 15,448.96 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 15,448.96 | \$ 15,448.96 |

**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 | \$ 8,409.76 | \$ 8,409.76 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 8,409.76 | \$ 8,409.76 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 710.50 | 710.50 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 9,120.26 | \$ 9,120.26 |

**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 | \$ 0.00 |
| 13. Cash Receipts | Column A, Line 3 above | 15,448.96 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 201.72 |
| 15. Cash Payments | Column A, Line 8 above | 8,409.76 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 7,240.92 |

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.

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 | \$ 710.50 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>4</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 02/04/2026 | Walter Allen, III [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Rio Hondo Police Academy | 100.00 | 100.00 | P2026 \$100.00 |
| 03/26/2026 | Athens Services [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 450.00 | 450.00 | P2026 \$450.00 |
| 02/04/2026 | Doran J. Barnes [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Foothill Transit | 250.00 | 250.00 | P2026 \$250.00 |
| 04/12/2026 | Bread And Barley [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | P2026 \$500.00 |
| 02/04/2026 | Barry E. Brock [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CPA Brook Associates, LLC | 250.00 | 250.00 | P2026 \$250.00 |

SUBTOTAL \$ 1,550.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,750.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 698.96
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,448.96

*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 | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>5</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER TJ Nass 4 Covina Treasurer 2026 | I.D. NUMBER 1486689 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 04/17/2026 | Buzzanco Computer Consulting Solutions, LLC(Pamela Joy Buzzanco) [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | P2026 \$1,000.00 |
| 03/12/2026 | Constantine Creations [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | P2026 \$250.00 |
| 02/16/2026 | Dimitris Constantinou [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal Easy Group | 500.00 | 1,000.00 | P2026 \$1,000.00 |
| 04/06/2026 | Dimitris Constantinou [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal Easy Group | 500.00 | 1,000.00 | P2026 \$1,000.00 |
| 04/10/2026 | Cortez 4 City Council 2024 (ID# 1463184) [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,500.00 | 1,500.00 | P2026 \$1,500.00 |
| SUBTOTAL \$ | | | | 3,750.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>6</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER TJ Nass 4 Covina Treasurer 2026 | I.D. NUMBER 1486689 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 04/06/2026 | Patricia Cortez [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Public Affairs Upper San Gabriel Valley Mwd | 500.00 | 500.00 | P2026 \$500.00 |
| 02/04/2026 | Eric Donnelly [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive KPRS | 500.00 | 500.00 | P2026 \$500.00 |
| 04/06/2026 | Kathee Eckstrom [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | P2026 \$100.00 |
| 03/23/2026 | Jeanette Flores [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | External Affairs Director Riverside County Transportation Commission | 100.00 | 100.00 | P2026 \$100.00 |
| 02/04/2026 | Michael Gelfuso [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CPA Cline Carroll And Bartell Llp | 100.00 | 100.00 | P2026 \$100.00 |
| SUBTOTAL \$ | | | | 1,300.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>7</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER TJ Nass 4 Covina Treasurer 2026 | I.D. NUMBER 1486689 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 02/13/2026 | Denise H. Harlig [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 2,000.00 | 2,000.00 | P2026 \$2,000.00 |
| 02/04/2026 | Kj Faaola Investments Inc [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | P2026 \$300.00 |
| 02/27/2026 | Matthew Malczynski [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lawyer HAVENS MALCZYNSKI GRIGOLLA, LLP. | 250.00 | 250.00 | P2026 \$250.00 |
| 03/10/2026 | Diane H. McIntyre [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner The McIntyre Company | 5,000.00 | 5,000.00 | P2026 \$5,000.00 |
| 02/04/2026 | Michael L. Mitchell, M.D. [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Michael L. Mitchell, M.D. | 200.00 | 200.00 | P2026 \$200.00 |
| SUBTOTAL \$ | | | | 7,750.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>8</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER TJ Nass 4 Covina Treasurer 2026 | I.D. NUMBER 1486689 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 02/19/2026 | Thomas Nass [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | P2026 \$100.00 |
| 03/29/2026 | April Porter [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Elevator Mech Smartrise | 100.00 | 100.00 | P2026 \$100.00 |
| 02/05/2026 | David Povero [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | P2026 \$100.00 |
| 02/01/2026 | Ahunny Weber [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General Contractor Westco Development, Inc. | 100.00 | 100.00 | P2026 \$100.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 400.00 | | |

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

SCHEDULE D

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>9</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|------------------------------------|--------------------|---|------------------------------------|
| 02/03/2026 | Rosie Richardson Covina City Clerk | <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Poster for the event | 38.54 | 129.42 | P2026 \$129.42 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 04/18/2026 | Rosie Richardson Covina City Clerk | <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | 04/18/26 Food for event at Bravado | 90.88 | 129.42 | P2026 \$129.42 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 129.42 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 129.42
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 129.42

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>10</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

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

- | | | |
|--|--|--|
| OMP 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 |
|---|---------|------------------------|-------------|
| City of Covina [REDACTED] | FIL | | 2,000.00 |
| City of Covina [REDACTED] | FIL | | 50.00 |
| City of Covina [REDACTED] | FIL | | 25.00 |

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

SUBTOTAL \$ 2,075.00

Schedule E Summary

- | | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 8,175.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 234.76 |
| 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 \$ | 8,409.76 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>11</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

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 |
|---|------|----|------------------------|-------------|
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 5.00 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 29.46 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 5.00 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 5.00 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 23.00 |

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

SUBTOTAL \$ 67.46

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>12</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

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 | PHD 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 |
|---|------|----|------------------------|-------------|
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 11.75 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 11.75 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 5.00 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 5.00 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 53.75 |

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

SUBTOTAL \$ 87.25

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>13</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

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 | PHD 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 |
| LT 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 |
|---|------|----|------------------------------------|-------------|
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 1.63 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 1.63 |
| Efundrasing Connections [REDACTED] | OFC | | Processing fee | 23.00 |
| LP Campaigns LLC [REDACTED] | WEB | | | 950.00 |
| Kristen Nass [REDACTED] | FND | | Reimbursement for items for event. | 201.72 |

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

SUBTOTAL \$ 1,177.98

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 14 of 19 |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

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 |
|---|------|----|--|-------------|
| Kristen Nass [REDACTED] | FND | | Reimbursement for Rosie Richardson items for event | 201.72 |
| Kristen Nass [REDACTED] | FND | | Reimbursement for event expenses | 856.97 |
| Political Data Intelligence, Inc. [REDACTED] | LIT | | | 1,500.00 |
| URSA Local Strategies, LLCs [REDACTED] | CMP | | | 80.81 |
| URSA Local Strategies, LLCs [REDACTED] | CMP | | | 646.50 |

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

SUBTOTAL \$ 3,286.00

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|---------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 15 of 19 |
| NAME OF FILER | | I.D. NUMBER |
| TJ Nass 4 Covina Treasurer 2026 | | 1486689 |

SEE INSTRUCTIONS ON REVERSE

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 |
|---|------|----|------------------------|-------------|
| URSA Local Strategies, LLCs [REDACTED] | LIT | | | 581.31 |
| Yolanda Miranda & Assoc. [REDACTED] | PRO | | | 300.00 |
| Yolanda Miranda & Assoc. [REDACTED] | PRO | | | 600.00 |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 1,481.31

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>01/01/2026</u> through <u>04/18/2026</u> | CALIFORNIA FORM 460 |
| | Page <u>16</u> of <u>19</u> |
| | I.D. NUMBER 1486689 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

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 |
|--|-------------------------------------|---|---------------------------------------|---|--|
| Bravado [REDACTED] | FND 04/18/26 Patio rental for event | 0.00 | 110.50 | 0.00 | 110.50 |
| Yolanda Miranda & Assoc. [REDACTED] | PRO | 0.00 | 600.00 | 0.00 | 600.00 |
| | | | | | |
| SUBTOTALS \$ | | 0.00\$ | 710.50\$ | 0.00\$ | 710.50 |

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

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 \$** 710.50
- 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 \$** 710.50
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 <u>01/01/2026</u> | CALIFORNIA FORM 460 |
| through <u>04/18/2026</u> | |
| Page <u>17</u> of <u>19</u> | |
| I.D. NUMBER <u>1486689</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Kristen Nass

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) |

* 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 |
|---|---------|------------------------|-------------|
| Convertizing LLD [REDACTED] | WEB | | 186.96 |
| Costco Wholesale [REDACTED] | MTG | Food for event | 28.99 |
| Costco Wholesale [REDACTED] | MTG | Food for event | 124.97 |
| Costco Wholesale [REDACTED] | MTG | Food for event | 28.99 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 369.91

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

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>01/01/2026</u> | CALIFORNIA FORM 460 |
| through <u>04/18/2026</u> | |
| Page <u>18</u> of <u>19</u> | |
| I.D. NUMBER 1486689 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Kristen Nass

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) |

* 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 |
|---|---------|------------------------|-------------|
| Costco Wholesale [REDACTED] | MTG | Food for event | 124.97 |
| Sunday's Silk Screening [REDACTED] | CMP | 30 T-Shirts for event | 473.98 |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 598.95

* 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**

SCHEDULE I

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2026
through 04/18/2026

**CALIFORNIA
FORM 460**

Page 19 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

I.D. NUMBER

1486689

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|----------------------------------|----------------------------|
| 03/13/2026 | Richardson for City Clerk 2026 (ID# 1486407) [REDACTED] | Reimbursement for event expenses | 201.72 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

201.72

Schedule I Summary

| | | |
|---|-----------------|---------------|
| 1. Itemized increases to cash this period. | \$ | <u>201.72</u> |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | <u>0.00</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | <u>0.00</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | <u>201.72</u> |