

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED BY COVINA CITY CLERK	Page <u>1</u> of <u>19</u>
26 JUN 15 PM 12:56	For Official Use Only

Statement covers period

from 01/01/2026

through 04/18/2026

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

06/02/2026

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

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
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
- Amending Schedule A to aggregate contributions

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 06/05/2026
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 06/05/2026
Date

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

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

Executed on _____
Date

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2026</u>	CALIFORNIA FORM 460
through <u>04/18/2026</u>	
Page <u>3</u> of <u>19</u>	I.D. NUMBER 1486689

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TJ Nass 4 Covina Treasurer 2026

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>15,448.96</u>	\$ <u>15,448.96</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>15,448.96</u>	\$ <u>15,448.96</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>15,448.96</u>	\$ <u>15,448.96</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>8,409.76</u>	\$ <u>8,409.76</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>8,409.76</u>	\$ <u>8,409.76</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>710.50</u>	<u>710.50</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>9,120.26</u>	\$ <u>9,120.26</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts Column A, Line 3 above	<u>15,448.96</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>201.72</u>
15. Cash Payments Column A, Line 8 above	<u>8,409.76</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,240.92</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>710.50</u>

*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.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2026	
through	04/18/2026	Page <u>4</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

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)
02/04/2026	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	2,000.00	P2026 \$2,000.00
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	2,000.00	P2026 \$2,000.00
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**

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>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1486689
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

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	129.42
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. 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 10 of 19
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.

- | | | |
|--|--|--|
| 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
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
NAME OF FILER

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
NAME OF FILER

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

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| 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	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
NAME OF FILER

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

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| 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	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**

SCHEDULE E (CONT.)

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>14</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 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**

SCHEDULE E (CONT.)

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
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 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		CALIFORNIA FORM 460
from	01/01/2026	
through	04/18/2026	Page 16 of 19
NAME OF FILER		I.D. NUMBER
TJ Nass 4 Covina Treasurer 2026		1486689

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
ND 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
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					
SUBTOTALS \$		0.00\$	710.50\$	0.00\$	710.50

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 01/01/2026
 through 04/18/2026

SCHEDULE G
CALIFORNIA FORM 460
 Page 17 of 19
 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.

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

SEE INSTRUCTIONS ON REVERSE

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

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|--|--|--|
| 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**

Amounts may be rounded
to whole dollars.

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

SCHEDULE I
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.	\$	201.72
2. Unitemized increases to cash of under \$100 this period.	\$	0.00
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 \$	201.72