

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

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**CAMPAIGN FINANCE**

Page 1 of 3  
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021785

Statement covers period  
 from JUL 24, 2024  
 through SEPT 21, 2024

Date of election if applicable:  
 (Month, Day, Year)  
NOV 5 2024

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

### 3. Committee Information

I.D. NUMBER  
1472185

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

BENNETT FOR COVINA SCHOOL BOARD 2024

STREET ADDRESS (NO P.O. BOX)

|                    |           |              |                     |
|--------------------|-----------|--------------|---------------------|
| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>WEST COVINA</u> | <u>CA</u> | <u>91790</u> | <u>626-625-7400</u> |

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

SAME

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

VOTESTEVEBENNETT@GMAIL.COM

### Treasurer(s)

NAME OF TREASURER

STEVE BENNETT

MAILING ADDRESS

|                    |           |              |                     |
|--------------------|-----------|--------------|---------------------|
| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>WEST COVINA</u> | <u>CA</u> | <u>91790</u> | <u>626-625-7400</u> |

NAME OF ASSISTANT TREASURER, IF ANY

NONE

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 certify under penalty of perjury under the laws of the State of California that the foregoing information is true and complete.

The attached schedules is true and complete. I

Executed on 9/26/2024  
Date

By \_\_\_\_\_

Executed on 9/26/2024  
Date

By \_\_\_\_\_

\_\_\_\_\_  
Title Officer of Sponsor

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

By \_\_\_\_\_

\_\_\_\_\_  
Title

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  
**STEVE BENNETT**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**BENNETT FOR COVINA SCHOOL BOARD 2024**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**WEST COVINA, CA 91790**

**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<br><b>BENNETT FOR CITY CLERK 2018</b> | I.D. NUMBER<br><b>1412502</b>  |
| NAME OF TREASURER<br><b>STEVEN BENNETT</b>           | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)       |  |
| CITY<br><b>WEST COVINA</b>                           | STATE ZIP CODE AREA CODE/PHONE<br><b>CA 91790 626-625-7400</b>                               |

|  |   |
|--|---|
| COMMITTEE NAME<br><b>BENNETT FOR CITY COUNCIL 2020</b> | I.D. NUMBER<br><b>1425306</b>   |
| NAME OF TREASURER<br><b>STEVEN BENNETT</b>             | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)         |   |
| CITY<br><b>WEST COVINA</b>                             | STATE ZIP CODE AREA CODE/PHONE<br><b>CA 91790 626-625-7400</b>                    |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
**NONE**

|                                     |                             |   |
|-------------------------------------|-----------------------------|---|
| BALLOT NO. OR LETTER<br><b>NONE</b> | JURISDICTION<br><b>NONE</b> | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-------------------------------------|-----------------------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  
**NONE**

|                                      |                                    |
|--------------------------------------|------------------------------------|
| OFFICE SOUGHT OR HELD<br><b>NONE</b> | DISTRICT NO. IF ANY<br><b>NONE</b> |
|--------------------------------------|------------------------------------|

**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<br><b>STEVE BENNETT</b> | OFFICE SOUGHT OR HELD<br><b>C-VUSD BOARD</b> | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE<br><b>NONE</b>          | OFFICE SOUGHT OR HELD<br><b>NONE</b>         | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE            |
| NAME OF OFFICEHOLDER OR CANDIDATE<br><b>NONE</b>          | OFFICE SOUGHT OR HELD<br><b>NONE</b>         | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE            |
| NAME OF OFFICEHOLDER OR CANDIDATE<br><b>NONE</b>          | OFFICE SOUGHT OR HELD<br><b>NONE</b>         | <input type="checkbox"/> SUPPORT<br><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<br>from <u>JUL 24, 2024</u><br>through <u>SEPT 21, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>3</u> of <u>3</u>   | I.D. NUMBER<br><u>1472185</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BENNETT FOR COVINA SCHOOL BOARD 2024

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>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

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 0.00  | \$ 0.00                                    |
| 7. Loans Made..... Schedule H, Line 3                      | \$ 0.00  | \$ 0.00                                    |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 0.00  | \$ 0.00                                    |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0.00  | \$ 0.00                                    |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ 0.00  | \$ 0.00                                    |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 0.00  | \$ 0.00                                    |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(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                              | \$ 0.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ 0.00 |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ 0.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

|  |         |
|--|---------|
| 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 | \$ 0.00 |

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