Statement of Organization
Recipient Committee
Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

1. Committee Information  I.D. Number 1300677
NAME OF COMMITTEE
Supporters for the Fredrick Sykes Council Campaign 2018
STREET ADDRESS (NO P.O. BOX)
CITY
West Covina
STATE ZIP CODE
CA 91792
MAILING ADDRESS (IF DIFFERENT)
CITY
West Covina
STATE ZIP CODE
CA 91792
COUNTY OF DOMICILE Los Angeles
JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER Dana Sykes
STREET ADDRESS (NO P.O. BOX)
CITY
West Covina
STATE ZIP CODE
CA 91792
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY
West Covina
STATE ZIP CODE
CA 91792
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY

3. Verification
I have used all reasonable diligence in preparing this Form 410. I certify that it is true and complete. I certify under penalty of perjury under the laws of the State of California that I am an officer, director, or manager of this committee, and that the information on this Form 410 and in the attachments is true and complete, and that no contributions or disbursements have been made in violation of Section 80310 of the California Political Reform Act of 1974, as amended.

Executed on 8-21-2018
Executed on 8-21-2018
Executed on
Executed on

By ________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Supporters for the Fredrick Sykes Council Campaign 2018

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizens Business Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Covina</td>
<td>CA</td>
<td>91724</td>
</tr>
</tbody>
</table>

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fredrick Sykes</td>
<td>West Covina City Council</td>
<td>2018</td>
<td></td>
</tr>
</tbody>
</table>

Primary Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov