Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☑ Termination – See Part 5

Date of termination
12 / 28 / 2018

1. Committee Information
NAME OF COMMITTEE
Supporters for the Fredrick Sykes Council Campaign 2018

I.D. Number
1300677

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Dana Sykes

STREET ADDRESS (NO PO. BOX)

CITY
West Covina
STATE
CA
ZIP CODE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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
12 / 28 / 2018

Dana Sykes

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officer, Candidate, or State Measure Proponent

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-8772)
www.fppc.ca.gov
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>973 E Badillo</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 officer, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and if the 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 PROONENT</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>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily 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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME</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>
</table>

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