Statement of Organization Recipient Committee

Statement Type

☐ Initial
☐ Amendment
☒ Termination – See Part 5

Date of Termination: 12, 04, 2018

1. Committee Information

NAME OF COMMITTEE
COREY WARSHAW - CITY COUNCIL 2017

I.D. Number (if applicable) 1359819

2. Treasurer and Other Principal Officers

NAME OF TREASURER
COREY WARSHAW

STREET ADDRESS (NO P.O. BOX)

CITY
WEST COVINA

STATE
CA

ZIP CODE

AREA CODE/PHONE

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 12/04/2018 By

COREY WARSHAW

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/04/2018 By

COREY WARSHAW

SIGNATURE OF CONTROLLING OFFICER(ER), CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/727-3772) www.fppc.ca.gov
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME:**
COREY WARSHAW CITY COUNCIL 2017

- 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>ONE, WEST 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>225 BARRANCA ST</td>
<td>WEST COVINA</td>
<td>CA</td>
<td>91791</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 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>COREY WARSHAW</td>
<td>WEST COVINA CITY COUNCIL</td>
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<td>☑</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>CANDIDATES' 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>CANDIDATES' OFFICE SOUGHT OR HELD OR MEASURES(S), JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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