Statement of Organization
Recipient Committee

Statement Type

Initial
Not yet qualified

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

Date qualified as committee:
04/08/2015

Date qualified as committee:

Date qualified as committee (if applicable):

Date of Termination:
12/31/2015

STREET ADDRESS (NO P.O. BOX)
West Covina, CA

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
West Covina, CA

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FAX/E-MAIL ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE
Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF COMMITTEE
Tony Wu for City Council 2015

NAME OF TREASURER

Yolanda Miranda

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Covina, CA

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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

Executed on

01/11/2016

Executed on

01/11/2016

Executed on

DATE

DATE

DATE

By

DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Tony Wu for City Council 2015

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

NAME OF FINANCIAL INSTITUTION
California Bank & Trust

ADDRESS

CITY
Los Angeles
STATE
CA
ZIP CODE
90071

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.”

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

   NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT
   ELECTIVE OFFICE SOUGHT OR HELD
   (INCLUDE DISTRICT NUMBER IF APPLICABLE)
   YEAR OF ELECTION
   PARTY

   Tony Wu
   West Covina City Council Member
   2015
   Nonpartisan

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)
CHECK ONE
SUPPORT
OPPOSE

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Tony Wu for City Council 2015

CALIFORNIA FORM 410

4. Type of Committee
(Continued)

General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

Provide brief description of activity

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET

CITY STATE ZIP CODE

Small Contributor Committee
☐ Date qualified/

5. Termination Requirements
☐ By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

☐ This committee has ceased to receive contributions and make expenditures;

☐ This committee does not anticipate receiving contributions or making expenditures in the future;

☐ This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;

☐ This committee has no surplus funds; and

☐ This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

☐ There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

☐ Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511-89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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