Statement of Organization
Recipient Committee

Date Stamp
CALIFORNIA FORM 410
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CITY OF WEST COVINA
CITY CLERK'S OFFICE

Date of Termination
12/15/2017

1. Committee Information

NAME OF COMMITTEE
VOTE WEST COVINA

STREET ADDRESS (NO P.O. BOX)
1219 E. MARDINA ST
CITY
WEST COVINA
STATE
CA
ZIP CODE
91790

MAILING ADDRESS (IF DIFFERENT)
SAME

FAX/E-MAIL ADDRESS
VOTEWESTCOVINA@GMAIL.COM

COUNTY OF DOMICILE
LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE
WEST COVINA, CALIFORNIA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GLENN KENNEDY

STREET ADDRESS (NO P.O. BOX)
CITY
WEST COVINA
STATE
CA
ZIP CODE
91790
AREA CODE/PHONE
(626)625-7400

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)
CITY
WEST COVINA
STATE
CA
ZIP CODE
91790

NAME OF PRINCIPAL OFFICER(S)

STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)
CITY
WEST COVINA
STATE
CA
ZIP CODE
91790

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 this statement is true and correct.

Executed on
12/15/2017
By
SIGNATURE OF TREASURER

Executed on
12/15/2017
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By

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DATE
By

Executed on
DATE
By

FPCC Form 410 (Jan/2016)
FPCC Advice: advice@fpc.ca.gov (866/275-3772)
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