Statement of Organization
Recipient Committee

Statement Type  □ Initial
                □ Amendment  □ Termination – See Part 5
                Not yet qualified  □ or

List I.D. number:
# ____________________________
# 1396413
Date qualified as committee
12/15/2017
Date qualified as committee

1. Committee Information

NAME OF COMMITTEE
VOTE WEST COVINA

STREET ADDRESS (NO P.O. BOX)
1219 E. MARDINA ST

CITY                        STATE   ZIP CODE  AREA CODE/PHONE
WEST COVINA                  CA      91790    (626)625-7400

MAILING ADDRESS (IF DIFFERENT)
SAME

FAX/E-MAIL ADDRESS
VOTEWESTCOVINA@GMAIL.COM

COUNTY OF ORIGIN
LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE
WEST COVINA, CALIFORNIA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GLENN KENNEDY

CITY                        STATE   ZIP CODE  AREA CODE/PHONE
WEST COVINA                  CA      91790

NAME OF ASSISTANT TREASURER, IF ANY

CITY                        STATE   ZIP CODE  AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY                        STATE   ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
STEVEN BENNETT

CITY                        STATE   ZIP CODE  AREA CODE/PHONE
WEST COVINA                  CA      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 the following is correct:

Executed on 07/30/2019
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/30/2019
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By ____________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

[Redacted]

FPPC Form 410 (Jan/2016)
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