Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
Lloyd Johnson for West Covina City Council

STREET ADDRESS (NO PO. BOX)
1809 Adams Drive

CITY West Covina
STATE Ca
ZIP CODE 91790
AREA CODE/PHONE 626-665-4769

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

CITY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Lloyd Johnson

STREET ADDRESS (NO PO. BOX)
1809 Adams Drive

CITY West Covina
STATE Ca
ZIP CODE 91790
AREA CODE/PHONE 626-665-4769

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO PO. BOX)

CITY
STATE
ZIP CODE
AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO PO. 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 of California that the foregoing is true and correct.

Executed on 9-3-15
DATE
By Lloyd Johnson
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-3-15
DATE
By Lloyd Johnson
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Dec/2012)
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