

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment

List I.D. number:

1376034

04 / 25 / 2015

Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

____ / ____ / ____

Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only
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JUN 3 2015

CITY CLERK'S OFFICE
CITY OF WEST COVINA

1. Committee Information

NAME OF COMMITTEE

Joe Lara-Gardner for West Covina City Council 2015

STREET ADDRESS (NO P.O. BOX)

2648 E. Workman Ave., Suite 3001, #216

CITY

STATE

ZIP CODE

AREA CODE/PHONE

West Covina

CA 91791

(626)407-7571

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

joe@vote4joegardner.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joe Lara-Gardner

STREET ADDRESS (NO P.O. BOX)

2648 E. Workman Ave., Suite 3001, #216

CITY

STATE

ZIP CODE

AREA CODE/PHONE

West Covina

CA 91791

(626)407-7571

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 of California that the foregoing is true and correct.

Executed on 05/27/2015

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/27/2015

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT