Statement of Organization
Recipient Committee

Statement Type

☑ **Initial** — Not yet qualified ☐ or — 7/15/13 — Date qualified as committee

☑ **Amendment** — List I.D. number: # ____ — 8/26/15 — Date qualified as committee (If applicable)

☐ **Termination – See Part 5** — List I.D. number: # ____ — __/__/__ — Date of Termination

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For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Lloyd Johnson for West Covina City Council 2015

STREET ADDRESS (NO P.O. 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:

COUNTY OF DOMICILE:

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Lloyd Johnson

STREET ADDRESS (NO P.O. BOX): 1809 Adams Dr

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

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

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 A Johnson (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 9-3-15 (DATE) By Lloyd A Johnson (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)