

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number: \_\_\_\_\_

Termination - See Part 5  
List I.D. number: \_\_\_\_\_

Date qualified as committee: June 14, 2013 Date qualified as committee (if applicable): June 14, 2013  
Date of Termination: 1-1-1

**1. Committee Information**

NAME OF COMMITTEE

Lloyd Johnson for City Council 2015  
STREET ADDRESS (NO P.O. BOX)

1809 Adams Dr  
CITY STATE ZIP CODE AREA CODE/PHONE

West Covina CA 91790 626-665-9769  
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Lloyd Johnson  
STREET ADDRESS (NO P.O. BOX)

1809 Adams Drive  
CITY STATE ZIP CODE AREA CODE/PHONE

West Covina CA 91790 626-665-9769  
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 9-28-2015

By Lloyd Johnson

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-28-2015

By Lloyd Johnson

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Date Stamp  
**RECEIVED**  
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