

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or
Date qualified as committee

Amendment
List I.D. number:
1344964
Date qualified as committee
(If applicable) 03/05/2012

Termination - See Part 5
List I.D. number:
COPY
Date of Termination

Date Stamp
RECEIVED
2016 MAY -5 PM 2:38
CITY OF WEST COVINA
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
West Covina Improvement Association
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA 91790 [REDACTED]
MAILING ADDRESS (IF DIFFERENT)
[REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Los Angeles
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Shirley E. Buchanan
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE
West Covina CA [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Carolyn Arnt, Chair
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA [REDACTED]

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 April 28, 2016
[REDACTED]
Executed on _____ DATE
Executed on _____ DATE

By [REDACTED]
By [REDACTED]
By [REDACTED]
By [REDACTED]

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME West Covina Improvement Association I.D. NUMBER 1344964

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <u>U.S. Bank</u>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <u>West Covina</u>	STATE <u>CA</u>
		ZIP CODE [REDACTED]

4. Type of Committee Complete the applicable sections.

~~Controlled Committee~~

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

~~Primarily Formed Committee~~

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
West Covina Improvement Association

I.D. NUMBER
1344964

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
To support issues in West Covina and surrounding communities

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

Small Contributor Committee _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.