

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee 04/24/2013
 _____/_____/_____ Date qualified as committee _____/_____/_____ Date of termination

Date Stamp
RECEIVED
2018 JUN 26 AM 7:52
CITY OF WEST COVINA
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information I.D. Number (if applicable) 1357500 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
James Toma for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA 91791 _____

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles City of West Covina

NAME OF TREASURER
Minerva Avila

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA 91791 _____

NAME OF ASSISTANT TREASURER, IF ANY
James Toma

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
West Covina CA 91791 _____

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 06/26/2018 By _____
DATE
Executed on 06/26/2018 By _____
DATE

OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
James Toma for City Council 2018

I.D. NUMBER
1357500

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY West Covina	STATE CA	ZIP CODE 91790

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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
James Toma	Councilmember, City of West Covina, Dist. 4	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA	410
FORM	
Page 3	
I.D. NUMBER	

COMMITTEE NAME

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
 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

AREA CODE/PHONE

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.

Clear Page

Print