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CITY OF WEST COVINA CITY CLERK'S OFFICE

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For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. Candidate controlled committees formed for an elective office may not use this form.

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

1. Committee Information

I.D. NUMBER 1396413

COMMITTEE NAME

VOTE WEST COVINA

Treasurer(s)

NAME OF TREASURER

GLENN KENNEDY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

1219 E MARDINA ST

CITY

WEST COVINA

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

626-625-7400

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

SAME

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

WEST COVINA

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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2. Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year. January 1, through June 30, 20 ____ July 1, through December 31, 20 ____

3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and know the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and correct.

Executed on: 12/21/2018

DATE

By

SIGNATURE OF TREASURER/ASSISTANT TREASURER