

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  or  
Not yet qualified

Amendment  
List I.D. number:

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

# \_\_\_\_\_ # 1396413

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

**1. Committee Information**

NAME OF COMMITTEE

VOTE WEST COVINA

STREET ADDRESS (NO P.O. BOX)

1219 E. MARDINA ST

AREA CODE/PHONE

(626)625-7400

ZIP CODE

CA 91790

MAILING ADDRESS (IF DIFFERENT)

SAME

FAX / E-MAIL ADDRESS

VOTEWESTCOVINA@GMAIL.COM

JURISDICTION WHERE COMMITTEE IS ACTIVE

LOS ANGELES WEST COVINA, CALIFORNIA

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 information provided is true and correct.

Executed on 12/15/2017 By \_\_\_\_\_

Executed on 12/15/2017 By \_\_\_\_\_

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

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

DATE DATE DATE DATE

SIGNATURE OF CONTROLLING OFFICER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent



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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

GLENN KENNEDY

STREET ADDRESS (NO P.O. BOX)

CITY

WEST COVINA

STATE

CA 91790

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)

CITY

WEST COVINA

STATE

CA 91790

AREA CODE/PHONE