

**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

12/15/2017

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

CITY STATE ZIP CODE

CA 91790

AREA CODE/PHONE

(626)625-7400

MAILING ADDRESS (IF DIFFERENT)

SAME

FAX / E-MAIL ADDRESS

VOTEWESTCOVINA@GMAIL.COM

COUNTY OF DOMICILE

LOS ANGELES

JURISDICTION WHERE COMMITTEE IS ACTIVE

WEST COVINA, CALIFORNIA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GLENN KENNEDY

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

WEST COVINA

STATE ZIP CODE

CA 91790

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

WEST COVINA

STATE ZIP CODE

CA 91790

AREA CODE/PHONE

[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

WEST COVINA

STATE ZIP CODE

CA 91790

AREA CODE/PHONE

[REDACTED]

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

Executed on 07/30/2019 By [REDACTED] TREASURER

Executed on 07/30/2019 By [REDACTED] OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent



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