

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial  
 Not yet qualified or  
 Date qualification threshold met

**Amendment**  **Termination - See Part 5**

Date qualification threshold met: 06-18-2013 Date of termination: \_\_\_\_\_

**CALIFORNIA FORM 410**  
For Official Use Only

Date Stamp  
**RECEIVED**  
2019 AUG 26 AM 8:28  
CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**1. Committee Information**

**I.D. Number (if applicable)** 1358538

**2. Treasurer and Other Principal Officers**

**NAME OF COMMITTEE**  
Lloyd Johnson for City Council

**NAME OF TREASURER**  
Lloyd A. Johnson

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE CA ZIP CODE 91790 AREA CODE/PHONE \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE Ca ZIP CODE 91790 AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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

COUNTY OF DOMICILE L.A. JURISDICTION WHERE COMMITTEE IS ACTIVE \_\_\_\_\_

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 8/26/19 By \_\_\_\_\_  
 Executed on 8/26/19 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

TREASURER OR ASSISTANT TREASURER  
 \_\_\_\_\_  
 DER, CANDIDATE, OR STATE MEASURE PROponent  
 \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
 \_\_\_\_\_