

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 1396413
 Date qualified as committee: 2019 OCT 10 AM 8:55 Date qualified as committee (if applicable)
 Date of Termination: 12/15/2017

West Covina

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
AUG 05 2019

CALIFORNIA FORM 410
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RECEIVED BY LOS ANGELES COUNTY
 2019 AUG 12 PM 12:00

1. Committee Information

NAME OF COMMITTEE
VOTE WEST COVINA

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
WEST COVINA CA 91790 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
SAME

FAX / E-MAIL ADDRESS
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES WEST COVINA, CALIFORNIA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
GLENN KENNEDY

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
WEST COVINA CA 91790 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
WEST COVINA CA 91790 [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 information is true and correct.

Executed on 12/15/2017 By [REDACTED] TREASURER
 Executed on 12/15/2017 By [REDACTED] MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent