

Statement of Organization
Recipient Committee

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

09 / 27 / 2019

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

2019 OCT -7 AM 9:56

CITY OF WEST COVINA
CITY CLERK'S OFFICE

COPY

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

A COMMITTEE IN SUPPORT OF A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA FIREFIGHTERS ASSOCIATION.

NAME OF TREASURER

Jeff Chatelain

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

111 N. La Brea Ave., Suite 408

CITY STATE ZIP CODE AREA CODE/PHONE

Inglewood CA 90301 (310) 817-6679

FULL MAILING ADDRESS (IF DIFFERENT)

111 N. La Brea Ave., Suite 408 Inglewood, CA 90301

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

(310) 672-6679 / cine@politicalreportingplus.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles City of West Covina

STREET ADDRESS (NO P.O. BOX)

AREA CODE/PHONE

ZIP CODE

STATE

CITY

West Covina CA 91790

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 10/4/2019 By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

STANT TREASURER

STATE, OR STATE MEASURE PROponent

STATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

CALIFORNIA
FORM **410**

Page 2 of 4

I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

A COMMITTEE IN SUPPORT OF A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA FIREFIGHTERS ASSOCIATION.

2a. Additional Officers / Assistant Treasurers

NAME _____
 Michelle Moore Sanders - Asst. Treasurer
 MAILING ADDRESS _____
 111 N. La Brea Ave., Suite 408
 CITY STATE ZIP CODE AREA CODE/PHONE
 Inglewood CA 90301 (310) 817-6679

NAME _____
 MAILING ADDRESS _____
 CITY STATE ZIP CODE AREA CODE/PHONE

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

A. COMMITTEE IN SUPPORT OF A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA FIREFIGHTERS ASSOCIATION.

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

California Bank & Trust

CITY

STATE

ZIP CODE

Los Angeles

CA

90071

4. Type of Committee Complete the applicable sections:

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		Partisan (list political party below)
			Nonpartisan	Partisan	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

Local Tax Measure

City of West Covina

	CHECK ONE	
	SUPPORT	OPPOSE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

A COMMITTEE IN SUPPORT OF A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA FIREFIGHTERS ASSOCIATION.

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

WEST COVINA FIREFIGHTERS ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighter

STREET ADDRESS

1433 W. Puente Ave

NO. AND STREET

CITY
West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

(661) 904-7596

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.