

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
or  
 Date qualification threshold met

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination

**COPY**

**CALIFORNIA 410  
FORM**  
For Official Use Only  
Date Stamp  
**RE**  
2019 OCT -7 AM 9:56  
CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**1. Committee Information** I.D. Number (if applicable) 1419281 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
WEST COVINA TAXPAYERS FOR PUBLIC SAFETY, SUPPORTING A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA POLICE OFFICERS ASSOCIATION

NAME OF TREASURER  
Cine D. Ivery  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
111 N. La Brea Ave., Suite 408  
CITY  
Inglewood STATE CA ZIP CODE 90301 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Michelle Moore Sanders  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY  
Inglewood STATE CA ZIP CODE 90301 AREA CODE/PHONE [REDACTED]

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  
Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE  
West Covina

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

Executed on [REDACTED] DATE By [REDACTED]  
Executed on [REDACTED] DATE By [REDACTED]  
Executed on [REDACTED] DATE By [REDACTED]  
Executed on [REDACTED] DATE By [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
Chris Robles  
STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY  
Upland STATE CA ZIP CODE 91728 AREA CODE/PHONE [REDACTED]

NAME OF STATE MEASURE PROPOSER  
[REDACTED]

OR STATE MEASURE PROPOSER  
[REDACTED]

OR STATE MEASURE PROPOSER  
[REDACTED]

OR STATE MEASURE PROPOSER  
[REDACTED]

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
WEST COVINA TAXPAYERS FOR PUBLIC SAFETY, SUPPORTING A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA POLICE OFFICERS ASSOCIATION

I.D. NUMBER

1419281

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Los Angeles	STATE CA
		ZIP CODE 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	
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

**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)	CHECK ONE
Local Tax Measure : N/A	City of West Covina	SUPPORT <input checked="" type="checkbox"/> OPPOSE
		SUPPORT <input type="checkbox"/> OPPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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410

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ID. NUMBER

1419281

COMMITTEE NAME  
WEST COVINA TAXPAYERS FOR PUBLIC SAFETY, SUPPORTING A LOCAL TAX MEASURE, SPONSORED BY THE WEST COVINA POLICE OFFICERS 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

Voter Education and Awareness

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

West Covina Police Officers Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS

1444 W Garvey Ave

CITY

West Covina

STATE

CA

ZIP CODE

91790

AREA CODE/PHONE

(626) 939-8568

### 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.