

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

2019 OCT 06 / 18 / 2019

Amendment
 Termination - See Part 1

2019 OCT 0 AM 8:55

Date qualification threshold met _____/_____/_____

Date of termination _____/_____/_____

Date Stamp

RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California

JUN 21 2019

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 CAMPAIGN FINANCE

1419281
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 WEST COVINA
 CITY CLERK'S OFFICE

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

NAME OF COMMITTEE
 WEST COVINA TAXPAYERS FOR PUBLIC SAFETY

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)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 (310) 672-6679 / cine@politicalreportingplus.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Los Angeles West Covina

NAME OF TREASURER
 Cine D. Ivery

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

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

NAME OF ASSISTANT TREASURER, IF ANY
 Michelle Moore Sanders

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

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

NAME OF PRINCIPAL OFFICER(S)
 Chris Robles

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

CITY STATE ZIP CODE AREA CODE/PHONE
 Upland CA 91728 [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 6/18/2019 By [REDACTED] TREASURER

Executed on 6/18/2019 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
WEST COVINA TAXPAYERS FOR PUBLIC SAFETY

I.D. NUMBER

- 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		(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)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

WEST COVINA TAXPAYERS FOR PUBLIC SAFETY

I.D. NUMBER

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.