

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment **Termination -- See Part 5**

Date qualification threshold met: 11 / 23 / 19
 Date of termination: / /

Date Stamp

CALIFORNIA REFORM 410
For Official Use Only

2019 DEC -5 PM 1:15

CITY OF WEST COVINA
CITY CLERK'S OFFICE

1. Committee Information I.D. Number (if applicable) 1422296

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
West Covina Neighbors Stopping the Tax Grab

NAME OF TREASURER
James Grivich

STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY: West Covina STATE: CA ZIP CODE: 91790-3839 AREA CODE/PHONE: [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Jeraldine Potras

STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY: West Covina STATE: CA ZIP CODE: 91790-1742 AREA CODE/PHONE: [REDACTED]

STATEMENT WHERE COMMITTEE IS ACTIVE

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

STREET ADDRESS (NO P.O. BOX) [REDACTED]
 CITY: West Covina STATE: CA ZIP CODE: 91790-1742 AREA CODE/PHONE: [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 foregoing is true and correct.

Executed on 12/4/19 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/4/19 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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I.D. NUMBER

1422296

COMMITTEE NAME

West Covina Neighbors Stopping the Tax Grab

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

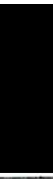
NAME OF FINANCIAL INSTITUTION

OneWest Bank

AREA CODE/PHONE

626-859-4260

BANK ACCOUNT NUMBER



ADDRESS

225 N Barranca Street

CITY

West Covina

STATE

CA

ZIP CODE

91791

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)
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

1422296

COMMITTEE NAME

West Covina Neighbors Stopping the Tax Grab

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

To oppose tax increase proposals or to oppose candidates who favor tax increases in the City of West Covina

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 89518 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.