

**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

12 / 31 / 2019

Date Stamp

**CALIFORNIA 410
FORM**

For Official Use Only

COPY

1. Committee Information

I.D. Number
(if applicable)

1421578

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

CA

Inglewood

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

City of West Covina

CITY

West Covina

NAME OF ASSISTANT TREASURER, IF ANY

Cine D. Ivery

STREET ADDRESS (NO P.O. BOX)

CITY

Inglewood

NAME OF PRINCIPAL OFFICER(S)

Matt Jackson - President

STREET ADDRESS (NO P.O. BOX)

CITY

West Covina

STATE

CA

AREA CODE/PHONE

91790

STATE

CA

AREA CODE/PHONE

91790

STATE

CA

AREA CODE/PHONE

90301

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 and belief, 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 provided is true and correct.

Executed on 1/11/2020 By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

Executed on _____ By _____

DATE

ASSISTANT TREASURER

CANDIDATE, OR STATE MEASURE PROponent

CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

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FORM **410**

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I.D. NUMBER
1421578

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

CITY

Inglewood

STATE

CA

ZIP CODE

90301

AREA CODE/PHONE

[REDACTED]

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

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

1421578

- 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

(213) 228-1700

ADDRESS

CITY

STATE

ZIP CODE

550 S Hope Street, Suite 100

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 CHECK ONE	Partisan (list political party below)
			Nonpartisan	Nonpartisan
			Nonpartisan	Nonpartisan

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)

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)	SUPPORT	OPPOSE
Local Tax Measure	City of West Covina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. NUMBER

1421578

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.