

**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

Date Stamp

RECEIVED  
2020 JAN 28 AM 9:03

CALIFORNIA  
FORM 410  
For Official Use Only

**1. Committee Information**

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

NAME OF TREASURER

Public Safety Committee for Yes on Measure WC, sponsored by West  
Covina Firefighters Association Local 3226

Ryan Schwartz

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

777 S. Figueroa St., Ste. 4050

Los Angeles

CITY

CITY

STATE CA ZIP CODE 90017 AREA CODE/PHONE (213) 452-6565

STATE CA ZIP CODE 90017 AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

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

iguard@kaufmanlegalgroup.com / (213) 452-6575

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of West Covina

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Matt Jackson

STREET ADDRESS (NO P.O. BOX)

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 information is true and correct.

Executed on 01/16/2020 By [Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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I.D. NUMBER

COMMITTEE NAME

Public Safety Committee for Yes on Measure WC, sponsored by West Covina Firefighters Association Local 3226

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

NAME OF FINANCIAL INSTITUTION California Bank and Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER Pending
ADDRESS 550 S. Hope St., Ste., 100	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
			<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
Measure WC - Proposed Transactions (Sales) and Use Tax	City of West Covna	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

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COMMITTEE NAME

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**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 Local 3226

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Public Safety Organization

STREET ADDRESS

137 Herondo St.

CITY

Hermosa Beach

STATE

CA

AREA CODE/PHONE

(760) 586-1493

**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.