

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met <u>09/24/2020</u>	Date of termination ____/____/____

Date Stamp	<b>CALIFORNIA FORM 410</b>
2020 SEP 30 PM 5:52	For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <u>COLEEN ROZATCI FOR WEST COVINA COUNCIL 2020</u>		(if applicable) <u>PENDING</u>		NAME OF TREASURER <u>COLEEN ROZATCI</u>	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
[REDACTED]		[REDACTED]		<u>WEST COVINA CA 91790</u> [REDACTED]	
CITY STATE ZIP CODE	NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)		
<u>WEST COVINA CA 91790</u>			[REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT)		CITY STATE ZIP CODE AREA CODE/PHONE			
[REDACTED]		[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]		[REDACTED]			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)		
<u>LOS ANGELES</u>	<u>WEST COVINA</u>		[REDACTED]		
Attach additional information on appropriately labeled continuation sheets.					
CITY STATE ZIP CODE AREA CODE/PHONE					

**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 <u>09/24/2020</u>	By [REDACTED]	TREASURER OR ASSISTANT TREASURER
Executed on _____	By [REDACTED]	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

RIZATTI FOR WEST COVINA CITY COUNCIL 2020  
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I.D. NUMBER

PENDING

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

NAME OF FINANCIAL INSTITUTION

U.S. BANK

AREA CODE/PHONE

(800) 613-3535

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

CITY

STATE

ZIP CODE

1023 N. GRAND AVE, COVINA CA 91724

**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		(list political party below)
			Nonpartisan	Partisan	
					(list political party below)
					(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	
		SUPPORT	OPPOSE