

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination - See Part 5 Date of termination _____/_____/_____
--	---	---

Date Stamp

RECEIVED

2020 AUG 24 PM 12:00

CITY OF WEST COVINA
CITY CLERK'S OFFICE

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <i>Rozatti for West Covina City Council-2020</i>			NAME OF TREASURER <i>Carol Malcolm</i>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			ST [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE <i>West Covina Ca. 91790</i>			CITY	STATE	ZIP CODE	[REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) <i>N/A</i>			NAME OF ASSISTANT TREASURER, IF ANY <i>Colleen B. Rozatti</i>			
E [REDACTED]			STRE [REDACTED]			
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Los Angeles West Covina</i>			CITY	STATE	ZIP CODE	[REDACTED]
Attach additional information on appropriately labeled continuation sheets.			NAME OF PRINCIPAL OFFICER(S) <i>N/A</i>			
			STREET ADDRESS (NO P.O. BOX) _____			
			CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and 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 contained herein is true and complete. I certify under

Executed on 08/14/2020 By _____ ASSISTANT TREASURER

Executed on 08/14/2020 By _____ DIDATE, 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

**CALIFORNIA
FORM 410**

RECEIVED

Page 2

COMMITTEE NAME **Rozatti for West Covina City Council - 2020** I.D. NUMBER **2020 AUG 24 PM 2:00**

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

NAME OF FINANCIAL INSTITUTION U.S. Bank	AREA CODE/PHONE (626) 251-4172	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1023 N. Grand Ave	CITY Covina	STATE ZIP CODE 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	
Colleen B. Rozatti	West Covina City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	District #3		<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