

**Statement of Organization  
Recipient Committee**

R19

1429600

West Covina

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met  
 08 / 03 / 2020

Amendment  
 Date qualification threshold met \_\_\_\_\_

Termination - See Part 5  
 Date of termination \_\_\_\_\_

RECEIVED BY  
 LOS ANGELES COUNTY  
 2020 SEP 14 PM 4:13  
 CAMPAIGN FINANCE

RECEIVED AND FILED  
 Office of the Secretary of State  
 of the State of California  
 AUG 10 2020  
 CITY OF WEST COVINA  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
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 2020 NOV -4 AM 10:32

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Brian Tabatabai For West Covina City Council 2020				NAME OF TREASURER Brian Tabatabai				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY West Covina		STATE CA		ZIP CODE 91790		AREA CODE/PHONE [REDACTED]	
CITY West Covina		STATE CA		ZIP CODE 91790		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina District 1		CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			

**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

Executed on 08/04/2020 By [REDACTED]  
 Executed on 08/04/2020 By [REDACTED]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Brian Tabatabai For West Covina City Council 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	AREA CODE/PHONE 626-919-3221	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1000 Lakes Drive	CITY West Covina	STATE CA	ZIP CODE 91790

**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		
Brian Tabatabai	West Covina City Council District 1	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>