

**Statement of Organization
Recipient Committee**

West Covina

ck

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 Date qualification threshold met 7 / 16 / 2020

Amendment
 Termination - See Part 5
 Date qualification threshold met 7 / 16 / 2020
 Date of termination 7 / 16 / 2020

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 2020 NOV -4 AM 10: 32
 CITY OF WEST COVINA

RECEIVED BY: LOS ANGELES COUNTY
 RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
 2020 AUG 21 PM 2: 17
 CAMPAIGN FINANCE
 AUG 03 2020
 PM 7/31/20

1. Committee Information

I.D. Number (if applicable) 1425306

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
BENNETT.FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY WEST COVINA **STATE** CA **ZIP CODE** 91790 **AREA CODE/PHONE** [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
SAME

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE LOS ANGELES **JURISDICTION WHERE COMMITTEE IS ACTIVE** CITY OF WEST COVINA

NAME OF TREASURER
STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY WEST COVINA **STATE** CA **ZIP CODE** 91790 **AREA CODE/PHONE** [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
NONE

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY WEST COVINA **STATE** CA **ZIP CODE** 91790 **AREA CODE/PHONE** [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
STEVEN BENNETT

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY WEST COVINA **STATE** CA **ZIP CODE** 91790 **AREA CODE/PHONE** [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparation of this statement and certify that 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 7/16/2020 By [REDACTED]

Executed on 7/16/2020 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

[REDACTED]

TREASURER

OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

BENNETT FOR CITY COUNCIL 2020

I.D. NUMBER

1425306

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

NAME OF FINANCIAL INSTITUTION

ONE WEST BANK

AREA CODE/PHONE

626-859-4260

BANK ACCOUNT NUMBER

*****9337

ADDRESS

225 NORTH BARRANCA STREET

CITY

WEST COVINA

STATE

CA

ZIP CODE

91791

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	
STEVEN BENNETT	CITY COUNCIL - DISTRICT 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>