Statement of Organization Recipient Committee				P Date Stamp	CALIFORNIA 4	10
Statement Type	☐ Initial	☐ Amendment	Termination - See Part 5	RECEIVED	For Official Use Only	min quali
	O Not yet qualified			2021 1411 00 011 0		
	or O Date qualification threshold met	Date qualification threshold met	Date of termination	2021 JAN 28 AM 8:1	₄ 5	
			1 , 76 , 2021	Y WEST COVE	1	
1. Committee Information I.D. Number 13585 28 2. Treasurer and				Other Principal Officers		
NAME OF COMMITTEE	(у оррания)		NAME OF TREASURER			
			Llogo A J	ohnson	2	
1-104A 10	hason for City (ovina - world	STREET ADORESS (NO PO ROY)			
STREET ADDRESS (NO P.O.	. BOX)		CITY	STATE	ZIP CODE AREA CODE/S	PHONE
CITY	STATE ZIP C	ODE AREA CODE/PHONE	West Couna		91790	
WEST POU	N/a	790	NAME OF ASSISTANT TREASURE	A, IF ANY		
ELILI MAILING ADDRESS	(IE DISSESSENT)		STREET ADDRESS (NO P.O. BOX)		A TOTAL CONTRACTOR OF THE STREET	
			OUT)	STATE	ZIP CODE AREA CODE/S	PHONE
			CITY	STATE	ZIP CODE AREA CODE/	PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)	2 1		
LOS. Angeles WEST Covina CAI			2 loyd A Ja	ohnson		
			SI REET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.			West Course	STATE	91796	
3. Verificatio	n					SIGNA
I have used all re	easonable diligence in prepar <u>ing</u>	this statement and to the bes	st of my knowledge the informa	tion contained herein is true	and complete. I certify un	der
	ry under the laws of the State					
Executed on /-	76-2021 By_					
Executed on /-	26-2021 By					
	DATE			F		
Executed on	DATE By	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		
Executed on	By					do.
Total Commence and Commence of	DATE	SIGNATURE OF CONT	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		*