

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date qualification threshold met
		Date of termination 12 / 31 / 2020

Date Stamp
RECEIVED
2021 FEB -3 PM 2: 28
CITY OF WEST COVINA
COUNCILMAN'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1320562 <small>(if applicable)</small>							
NAME OF COMMITTEE Jessica Shewmaker for School Board 2018				NAME OF TREASURER Caryn S. Shewmaker			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY West Covina		STATE CA	ZIP CODE 91791	AREA CODE/PHONE [REDACTED]	CITY West Covina		STATE CA
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY West Covina		STATE CA	ZIP CODE 91791	AREA CODE/PHONE [REDACTED]	CITY West Covina		STATE CA
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina, CA		NAME OF PRINCIPAL OFFICER(S) Jessica C Shewmaker			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY West Covina				STATE CA	ZIP CODE 91791	AREA CODE/PHONE [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

I have used all reasonable diligence in [REDACTED] 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 January 31, 2021 [REDACTED] ASSISTANT TREASURER

Executed on January 31, 2021 [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT