

**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 of termination
_____ / _____ / _____	_____ / _____ / _____	12 / 31 / 2020

Date Stamp  
**RECEIVED**  
2021 FEB -3 PM 2: 23  
OFFICE OF WEST COVINA  
CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
<b>I.D. Number</b> 1432374 <small>(if applicable)</small>				NAME OF TREASURER Caryn S. Shewmaker			
NAME OF COMMITTEE Jessica Shewmaker City Council District 3 2020				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	ZIP CODE 91791	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina, CA			NAME OF PRINCIPAL OFFICER(S) Jessica C Shewmaker			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY West Covina	STATE CA	ZIP CODE 91791	AREA CODE/PHONE [REDACTED]

**3. Verification**

I have used all reasonable diligence in preparing 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 is true and complete.

Executed on January 31, 2021 \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on January 31, 2021 \_\_\_\_\_  
DATE SIGNATURE OF ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE SIGNATURE OF CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT