

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee: June 14, 2013 Date qualified as committee (if applicable): June 14, 2013 Date of Termination: 1/1

Date Stamp  
**RECEIVED**  
 2015 SEP 28 AM 9:10  
 CITY OF WEST COVINA  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE: Lloyd Johnson for City Council 2015  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 STATE: CA ZIP CODE: 91790 AREA CODE/PHONE: [REDACTED]  
 MAILING ADDRESS (IF DIFFERENT): West Covina  
 FAX / E-MAIL ADDRESS: \_\_\_\_\_  
 COUNTY OF DOMICILE: \_\_\_\_\_ JURISDICTION WHERE COMMITTEES ACTIVE: \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: Lloyd Johnson  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: \_\_\_\_\_ STATE: CA ZIP CODE: 91790 AREA CODE/PHONE: [REDACTED]  
 NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_  
 NAME OF PRINCIPAL OFFICER(S): \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

**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 that the information is true and complete.

Executed on 9-28-2015 By [REDACTED]  
 Executed on 9-28-2015 By [REDACTED]  
 Executed on \_\_\_\_\_ By [REDACTED]  
 Executed on \_\_\_\_\_ By [REDACTED]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT