

**Statement of Organization
Recipient Committee**

R
L 19 1443050

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input checked="" type="radio"/> Not yet qualified or	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination
____/____/____

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
2022 MAR 30 AM 8:06
CITY OF WEST COVINA
CITY CLERK'S OFFICE

CALIFORNIA FORM 410
For Official Use Only
2022 JAN 13 AM 9:47
CAMPAIGN FINANCE
R/C/D

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Brian Tabatabai Educator for West Covina City Council 2024

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles West Covina District 1

Attach additional information on appropriately labeled continuation sheets.

NAME OF TREASURER
Brian Tabatabai

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

3. Verification

I have used all reasonable diligence in preparing this information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California

Executed on November 22, 2021 By _____
DATE

Executed on November 22, 2021 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Brian Tabatabai Educator for West Covina City Council 2024	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank, N.A.	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER
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ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
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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		
Brian Tabatabai	West Covina City Council District 1	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.