

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp  
**RECEIVED**  
 2022 JUN -8 AM 11:41  
 CITY OF WEST COVINA  
 CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
 For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE <b>Fred Sykes for City Council 2022</b>			NAME OF TREASURER <b>Dana Sykes</b>				
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]			NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]			STREET ADDRESS (NO P.O. BOX)				
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]
COUNTY OF DOMICILE <b>Los Angeles</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>West Covina</b>		NAME OF PRINCIPAL OFFICER(S)				
<i>Attach additional information on appropriately labeled continuation sheets.</i>		STREET ADDRESS (NO P.O. BOX)					
		CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]		

**3. Verification**

I have used all reasonable diligence in preparing this statement and I acknowledge 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 correct.

Executed on 6-3-2022 By [REDACTED]  
DATE TREASURER OR ASSISTANT TREASURER

Executed on 6-3-2022 By [REDACTED]  
DATE CHAIRMAN, MEMBER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Fred Sykes for City Council 2022	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 Pending	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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		
Fredrick Sykes	West Covina Council District #5	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE