

**Statement of Organization
Recipient Committee**

Date Stamp	CALIFORNIA FORM 410
RECEIVED	Official Use Only
2022 JUL 27 AM 10:16	
CITY OF WEST COVINA CITY CLERK'S OFFICE	

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met <div style="text-align: center;">07 / 23 / 2022</div>	<input type="checkbox"/> Amendment Date qualification threshold met <div style="text-align: center;">_ / _ / _</div>	<input type="checkbox"/> Termination - See Part 5 Date of termination <div style="text-align: center;">_ / _ / _</div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number Pending (if applicable)	
NAME OF COMMITTEE Ollie Cantos For West Covina City Council 2022	NAME OF TREASURER Steve Herfert
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	CITY STATE ZIP CODE 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) [REDACTED]
COUNTY OF DOMICILE Los Angeles	CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]
JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina	NAME OF PRINCIPAL OFFICER(S)
Attach additional information on appropriately labeled continuation sheets.	STREET ADDRESS (NO P.O. BOX) [REDACTED]
	CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]

3. Verification

I have used all reasonable diligence in preparation of this statement and 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 <u>7/23/2022</u> By _____ <small>DATE</small>	_____ <small>SURER</small>
Executed on <u>7/23/2022</u> By _____ <small>DATE</small>	_____ <small>STATE MEASURE PROPONENT</small>
Executed on _____ By _____ <small>DATE</small>	_____ <small>STATE MEASURE PROPONENT</small>
Executed on _____ By _____ <small>DATE</small>	_____ <small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Ollie Cantos For West Covina City Council	I.D. NUMBER Pending
--------------------------------------------------------------------	-------------------------------

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION U. S. Bank	AREA CODE/PHONE 626-251-4172	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1023 N Grand Ave	CITY Covina	STATE CA	ZIP CODE 91724

4. Type of Committee Complete the applicable section:
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		
			Nonpartisan	Partisan	(list political party below)
Ollie Cantos	West Covina City Council District 4	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Ollie Cantos For West Covina City Council 2022

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, orponent 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.