

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp
RECEIVED
2022 SEP 29 PM 4:06
CITY OF WEST COVINA

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number 1412878 <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Rozatti for City Treasurer 2022				NAME OF TREASURER Colleen B Rozatti			
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]	
FULL MAILING ADDRESS (IF DIFFERENT) N/A				NAME OF ASSISTANT TREASURER, IF ANY N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) N/A			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina		CITY N/A			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) N/A			
				STREET ADDRESS (NO P.O. BOX) N/A			
				CITY N/A			

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 [REDACTED] correct.

Executed on 08/12/22 By [REDACTED]
DATE
 Executed on 08/12/22 By [REDACTED]
DATE
 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 Rozatti for City Treasurer 2022	I.D. NUMBER 1412878
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 626	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	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		
Colleen B Rozatti	City Treasurer	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	
N/A		SUPPORT	OPPOSE
		SUPPORT	OPPOSE