

19

West Covina

1452393

Statement of Organization Recipient Committee

Statement Type

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

Date of termination
____/____/____

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AUG 22 2022
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 Daniel Luna for West Covina City Council 2022 | | | | NAME OF TREASURER Gary Mallory | | | |
| 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) | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| COUNTY OF DOMICILE Los Angeles | | JURISDICTION WHERE COMMITTEE IS ACTIVE West Covina | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| NAME OF PRINCIPAL OFFICER(S) Daniel Luna | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED] | | | | CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED] | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | | | |

3. Verification

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

Executed on 8-10-2022 By [REDACTED]

Executed on 8/13/2022 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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| | |
|---|-------------|
| COMMITTEE NAME Daniel Luna for West Covina City Council 2022 | I.D. NUMBER |
|---|-------------|

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

| | | |
|--|-----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION WELLS FARGO | AREA CODE/PHONE (626) 919-3221 | BANK ACCOUNT NUMBER [REDACTED] |
|--|-----------------------------------|-----------------------------------|

| | | | |
|-----------------------|--------------------|---------------------|------------------------|
| ADDRESS [REDACTED] | CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] |
|-----------------------|--------------------|---------------------|------------------------|

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 | | |
|--|---|------------------|--|----------|------------------------------|
| Daniel Luna | West Covina City Council District 4 | 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 |
| | | | |
| | | | |