

WEST COVINA

Statement of Organization Recipient Committee

Statement Type Initial Amendment
 Not yet qualified or
 _____/_____/_____
 Date qualified as committee

1453928
 # Pending
 09 / 06 / 2022
 Date qualified as committee
 (If applicable)

Termination - See Part 5
 List I.D. number: _____
 # _____
 _____/_____/_____
 Date of Termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 SEP 23 2022
 2022 OCT 24 PM 2:31
 CITY OF WEST COVINA
 CITY CLERK'S OFFICE

CALIFORNIA FORM 410
 For Official Use Only
 2022 OCT -5 AM 11:1
 CAMPAIGN FINANCE

1. Committee Information

NAME OF COMMITTEE
Tony Wu/Yara Wolf West Covina City Council 2022 - Oppose
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Shewmaker
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
John Shewmaker
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence and to my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of _____ and correct.

Executed on 09/15/2022 _____
 DATE OF TREASURER OR ASSISTANT TREASURER

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Assembly

COMMITTEE NAME
Tony Wu/Yara Wolf West Covina City Council 2022 - Oppose

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

NAME OF FINANCIAL INSTITUTION Bluevine/Coastal Community Bank	AREA CODE/PHONE (888)216-9619	BANK ACCOUNT NUMBER [REDACTED]
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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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Tony Wu	West Covina City Council District 5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yara Wolff	West Covina City Council District 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>