

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

1453928

12 / 31 / 2022
Date of Termination

Date Stamp
CITY CLERK'S OFFICE
CITY OF WEST COVINA
RECEIVED
JAN 17 REC'D

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

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

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
[REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John Shewmaker

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)

John Shewmaker

STREET ADDRESS (NO P.O. BOX)
[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
penalty of perjury under the laws of th

Executed on 01/29/2023
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

[REDACTED SIGNATURE]

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

I certify that the information contained herein is true and complete. I certify under
oath.

TREASURER OR ASSISTANT TREASURER

TREASURER, CANDIDATE, OR STATE MEASURE PROPONENT