

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp RECEIVED 2024 MAY 21 AM 9:26 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE John Shewmaker West Covina City Council District 3 - 2024				NAME OF TREASURER John Shewmaker	
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 JURISDICTION WHERE COMMITTEE IS ACTIVE [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>				NAME OF PRINCIPAL OFFICER(S) John Shewmaker	
				STREET ADDRESS (NO P.O. BOX) [REDACTED]	
				CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	

3. Verification

I have used all reasonable diligence 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	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	May 13, 2024	[REDACTED]	[REDACTED]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	May 13, 2024	[REDACTED]	[REDACTED]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME John Shewmaker West Covina City Council District 3 - 2024	I.D. NUMBER
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• **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	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		(list political party below)
John Shewmaker	West Covina City Council District 3	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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
		SUPPORT	OPPOSE

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COMMITTEE NAME

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, or ponent 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.