

**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	<input type="radio"/> Date of termination
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Date Stamp

**CALIFORNIA FORM 410**

2024 JUN 18 AM 11:25

CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**1. Committee Information** I.D. Number (if applicable)

NAME OF COMMITTEE  
John Shewmaker West Covina City Council District 3 - 2024

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

CITY  
[REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE [REDACTED] JURISDICTION WHERE COMMITTEE IS ACTIVE [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
John Shewmaker

STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

E-MAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE 626-437-9321

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
John Shewmaker

STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED] AREA CODE/PHONE [REDACTED]

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

Executed on June 15, 2024 DATE

Executed on June 15, 2024 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT