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CALIFORNIA FORM 410

For Official Use Only

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

06 / 29 / 2021

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 970096 <small>(if applicable)</small>				NAME OF TREASURER Victoria P. Stapleton			
NAME OF COMMITTEE Committee to Re-elect Kevin Stapleton to City Council 2013				NAME OF TREASURER Victoria P. Stapleton			
STREET ADDRESS (NO P.O. BOX) [Redacted]				STREET ADDRESS (NO P.O. BOX) [Redacted]			
CITY Covina		STATE CA	ZIP CODE 91723	AREA CODE/PHONE [Redacted]	CITY Covina	STATE CA	ZIP CODE 91723
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Covina		NAME OF PRINCIPAL OFFICER(S) Kevin Stapleton			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [Redacted]			
CITY Covina		STATE CA	ZIP CODE 91723	AREA CODE/PHONE [Redacted]	CITY Covina	STATE CA	ZIP CODE 91723

3. Verification

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

Executed on June 15, 2021 By [Redacted] ASSISTANT TREASURER

Executed on June 15, 2021 By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT