

JUL 06 2021

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	06 / 29 / 2021

Date Stamp RECEIVED BY COVINA CITY CLERK 21 JUN 24 PM 4: 22	CALIFORNIA FORM 410 For Official Use Only 2021 AUG -2 PM 12: 48 CAMPAIGN FINANCE
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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 970096 <i>(if applicable)</i>				NAME OF TREASURER Victoria P. Stapleton			
NAME OF COMMITTEE Committee to Re-elect Kevin Stapleton to City Council 2013				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	AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
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]
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]	DATE, 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