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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Re-Elect Victor Linares for Council 2022

· 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	PA	KONE	
Victor Linares	City Council Member City of Covina	2022	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	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) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHEC	KONE
	SUPPORT	OPPOSE
	SUPPORT	OPPOSE
		(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHEC SUPPORT

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

CALIFORNIA

FORM

I.D. NUMBER

Page 2 of 3

410

Statement of Organization Recipient Committee	on			CALIFORNIA FORM 410
COMMITTEE NAME				I.D. NUMBER
Re-Elect Victor Linares for C	Council 2022			
4. Type of Committee	Continued)		「自己が用いるない」で、ない	A VIEW CREW CREW
General Purpose Committee	Not formed to support or op	pose specific candidates or measures in COUNTY Committee	a single election. Check only one bo	x:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee	additional sponsors on an attac	chment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF	SPONSOR	
STREET ADDRESS NO. AND STREE	T	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	/			
5. Termination Requirement	S By signing the verification, the	e treasurer, assistant treasurer and/or candidate, o	officeholder, or proponent certify that all of th	e following conditions have been met:
This committee has ceased to	to receive contributions and m	nake expenditures;		
This committee does not an	ticipate receiving contribution	s or making expenditures in the future;		
This committee has eliminat	ed or has no intention or abili	ty to discharge all debts, loans received,	and other obligations;	
This committee has no surpl	us funds; and			
• This committee has filed all	campaign statements required	d by the Political Reform Act disclosing a	Il reportable transactions.	
		paign funds held by elected officers who		candidates. Refer to Government

 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.