

**Statement of Organization
Recipient Committee**

COPY

Statement Type

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

Date of termination
22 FEB 14 AM 11:41
01 / 31 / 2022

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED BY COVINA CITY CLERK 22 JAN 31 PM 5:14	RECEIVED BY COVINA CITY CLERK 22 FEB 14 AM 11:41

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1294031 <small>(if applicable)</small>				NAME OF TREASURER Stephen G. Millard of the State of California FEB 07 2022			
NAME OF COMMITTEE CITIZENS FOR RESPONSIBLE GOVERNMENT				NAME OF ASSISTANT TREASURER, IF ANY Not Applicable			
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]
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	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S) Stephen G. Millard			
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 31 January 2022 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME CITIZENS FOR RESPONSIBLE GOVERNMENT	I.D. NUMBER 1294031
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION One West Bank	AREA CODE/PHONE 626-859-4260	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY West Covina	STATE CA	ZIP CODE 91791

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		(list political party below)
			Nonpartisan	Partisan	

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
Utility User's Tax - Measure C			<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE