

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>02/22/2026</u>	Date of termination _____

Date Stamp RECEIVED BY COVINA CITY CLERK 26 FEB 24 PM 4:43	CALIFORNIA FORM 410 For Official Use Only
--	---

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number (if applicable) 1486518		NAME OF TREASURER Susan Zermeno	
NAME OF COMMITTEE Zermeno for City Clerk 2026		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Covina CA 91724	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE susan4covina@gmail.com [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91724 [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) susan4covina@gmail.com		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Covina	NAME OF PRINCIPAL OFFICER(S)	
<i>Attach additional information on appropriately labeled continuation sheets.</i>		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	

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 2/22/26 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/22/26 By [Signature]
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