

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 05 / 16 / 2026	<input type="checkbox"/> Termination – See Part 5 Date of termination / /
---	---	---

Date Stamp <b>RECEIVED BY COVINA CITY CLERK 26 MAY 18 AM 9:46</b>	<b>CALIFORNIA FORM 410</b> For Official Use Only
--	---

<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
<b>I.D. Number</b> <i>(if applicable)</i> 1490755	<b>NAME OF TREASURER</b> Yolanda Miiranda
<b>NAME OF COMMITTEE</b> Covina Cares About Its Resources, Yes on CC	<b>STREET ADDRESS (NO P.O. BOX)</b> <b>CITY</b> <b>STATE</b> <b>ZIP CODE</b> [REDACTED]      Covina      CA      91722
<b>STREET ADDRESS (NO P.O. BOX)</b> [REDACTED]	<b>EMAIL ADDRESS OF TREASURER (REQUIRED)</b> <b>AREA CODE/PHONE</b> yolimiranda@hotmail.com      [REDACTED]
<b>CITY</b> <b>STATE</b> <b>ZIP CODE</b> <b>AREA CODE/PHONE</b> Covina      CA      91723      [REDACTED]	<b>NAME OF ASSISTANT TREASURER, IF ANY</b> Claudia Gonzalez-Miranda
<b>FULL MAILING ADDRESS (IF DIFFERENT)</b> N/A	<b>STREET ADDRESS (NO P.O. BOX)</b> <b>CITY</b> <b>STATE</b> <b>ZIP CODE</b> [REDACTED]      Covina      CA      91722
<b>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)</b> ks91723@hotmail.com	<b>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)</b> <b>AREA CODE/PHONE</b> Miranda.associates.inc@gmail.com      [REDACTED]
<b>COUNTY OF DOMICILE</b> <b>JURISDICTION WHERE COMMITTEE IS ACTIVE</b> Los Angeles	<b>NAME OF PRINCIPAL OFFICER(S)</b> Kevin Stapleton
<b>Attach additional information on appropriately labeled continuation sheets.</b>	<b>STREET ADDRESS (NO P.O. BOX)</b> <b>CITY</b> <b>STATE</b> <b>ZIP CODE</b> [REDACTED]      Covina      CA      91723
	<b>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)</b> <b>AREA CODE/PHONE</b> ks91723@hotmail.com      [REDACTED]
<b>3. Verification</b>	

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 05/16/2026 By *YOLANDA MIRANDA*  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2 of 3

<b>COMMITTEE NAME</b> Covina Cares About Its Resources, Yes on CC	<b>I.D. NUMBER</b> 1490755
--	-------------------------------

• **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

<b>NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS</b> California Bank & Trust (Yolanda Miranda & Claudia Gonzalez-Miranda)	<b>AREA CODE/PHONE</b> [REDACTED]	<b>BANK ACCOUNT NUMBER</b> [REDACTED]	
<b>ADDRESS OF FINANCIAL INSTITUTION</b> [REDACTED]	<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90071

**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 CHECK ONE		(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
Measure CC : CC	City of Covina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 3 of 3

COMMITTEE NAME  
Covina Cares About Its Resources, Yes on CC

I.D. NUMBER  
1490755

## 4. Type of Committee *(Continued)*

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - 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.