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Statement of Organization
Recipient Committee

Statement Type

☒ **Initial**
⊗ Not yet qualified
or
○ Date qualification threshold met
_____/_____/_____

☐ **Amendment**
Date qualification threshold met
_____/_____/_____

☐ **Termination – See Part 5**
Date of termination
_____/_____/_____

Date Stamp
RECEIVED BY COVINA CITY CLERK
26 NOV -3 PM 3:00

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Covina Cares About Its Resources

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Covina | CA | 91723 | [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
N/A

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
ks91723@hotmail.com

COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Yolanda Miiranda

STREET ADDRESS (NO P.O. BOX) [redacted] | CITY: Covina | STATE: CA | ZIP CODE: 91722

EMAIL ADDRESS OF TREASURER (REQUIRED)
yolimiranda@hotmaiil.com
AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Claudia Gonzalez-Miranda

STREET ADDRESS (NO P.O. BOX) [redacted] | CITY: Covina | STATE: CA | ZIP CODE: 91722

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
Miranda.associates.inc@gmail.com
AREA CODE/PHONE [redacted]

NAME OF PRINCIPAL OFFICER(S)
Kevin Stapleton

STREET ADDRESS (NO P.O. BOX) [redacted] | CITY: Covina | STATE: CA | ZIP CODE: 91723

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
ks91723@hotmail.com
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 04/21/2026 (DATE) By YOLANDA MIRANDA (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 04/21/2026 (DATE) By KEVIN STAPLETON (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ By ____

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Covina Cares About Its Resources	

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

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION	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	PARTY CHECK ONE		
			Nonpartisan	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) 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	
Measure CC : CC	City of Covina	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Covina Cares About Its Resources

I.D. NUMBER

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.