

5721

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination 07 / 01 / 2021

Date Stamp

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CAMPAIGN FINANCE

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1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 14122424 <small>(if applicable)</small>				NAME OF TREASURER Maria Magallanes			
NAME OF COMMITTEE "It Takes A Village: Rose Lopez West Covina School Board 2018				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				West Covina	CA	91790	626-383-5496
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
West Covina	CA	91790	626-374-1239	Jason Lopez			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) rlopez11169@gmail.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				West Covina	CA	91790	626-826-9699
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Los Angeles							
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on	02-07-22	By	_____
	DATE		
Executed on	02-07-22	By	_____
	DATE		
Executed on	_____	By	_____
	DATE		
Executed on	_____	By	_____
	DATE		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT