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Statement of Organization Recipient Committee

* COPY OF WHAT WAS SENT TO THE STATE

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

FILED

OCT 01 2020

BY SO DEPUTY REGISTRAR OF VOTERS

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
West End Leaders PAC

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED] CA 91763 [REDACTED]

Montclair CA 91763 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 San Bernardino San Bernardino County

NAME OF TREASURER
Benjamin Lopez

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

CITY STATE ZIP CODE AREA CODE/PHONE
 Montclair CA 91763 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Linda Trawnik

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

CITY STATE ZIP CODE AREA CODE/PHONE
 Upland CA 91786 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this report and certify that 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 penalty of perjury under the laws of the State of California that 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.

Executed on 9/28/2020 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 9/28/2020 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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