

**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	Date qualification threshold met	Date of termination <u>06/08/21</u>

7/13/21 (1) 5721

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1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Amelia Bakshi for East Whittier Board of Education 2020</u>				<u>1428478</u> <small>(if applicable)</small>				NAME OF TREASURER <u>Christine Mowles</u> <u>211915</u>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY <u>Whittier</u>	STATE <u>CA</u>	ZIP CODE <u>90604</u>	AREA CODE/PHONE <u>(714) 749-9300</u>	CITY <u>Whittier</u>	STATE <u>CA</u>	ZIP CODE <u>90604</u>	AREA CODE/PHONE <u>(562) 682-8122</u>	CITY <u>Whittier</u>	STATE <u>CA</u>	ZIP CODE <u>90604</u>	AREA CODE/PHONE <u>(714) 749-9300</u>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY <u>Amelia Bakshi</u>				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>Ameliabakshi@gmail.com</u>				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <u>Los Angeles</u>				JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Los Angeles County</u>				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								CITY STATE ZIP CODE 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	<u>7/12/2021</u>	By	_____
	<small>DATE</small>		<small>TREASURER OR ASSISTANT TREASURER</small>
Executed on	<u>7/12/2021</u>	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT</small>
Executed on	_____	By	_____
	<small>DATE</small>		<small>SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT</small>