

**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

06/08/21

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CALIFORNIA
FORM 410

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1. Committee Information

I.D. Number

1428478

NAME OF COMMITTEE

Amelia Bakshi for East Whittier Board of Education 2020

STREET ADDRESS (NO P.O. BOX)

CITY
Whittier

STATE

CA

ZIP CODE

90604

AREA CODE/PHONE

(714) 749-9300

FULL MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Christine Mowles

STREET ADDRESS (NO P.O. BOX)

CITY

Whittier

STATE

CA

ZIP CODE

90604

AREA CODE/PHONE

(562) 682-8122

NAME OF ASSISTANT TREASURER, IF ANY

Amelia Bakshi

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Ameliabakshi@gmail.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles County

CITY

Whittier

STATE

CA

ZIP CODE

90604

AREA CODE/PHONE

(714) 749-9300

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 7/12/2021 By _____

DATE

TREASURER OR ASSISTANT TREASURER

Executed on 7/12/2021 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

FPPC Form 410 (August/2018)

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