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Recipient Committee Campaign Statement Cover Page

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AMENDMENT

FORM LOS ANGELES COUNTY Date of election if applicable: (Month, Day, Year) Statement covers period For Official Use Only 20778 11/3/2020 CAMPAIGN FINANCE SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee ☐ Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee 1428418 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Amelia Bakshi for East Whitter Board Christine Mowles of Education 2020 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE 90604 CITY AREA CODE/PHONE STATE ZIP CODE NAME OF ASSISTANT TREASURER, IF ANY Whither 90604 CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Whittier 90604 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 Treasurer Executed or oponent or Responsible Officer of Sponsor Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

| Schedule !      | E    |
|-----------------|------|
| <b>Payments</b> | Made |

Amounts may be rounded to whole dollars:

MBR member communications

OFC office expenses

PET petition circulating

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)\*

NAME OF FILER

CVC civic donations

Amelia Bakshi for East Whitter Board of Education 2020

1428478

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

| FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* | s<br>survey research |  |                       |   |           |                     |  |
|---|----------------------|--|-----------------------|---|-----------|---------------------|--|
| LEG legal defense LIT campaign literature and mailings  |                      | very and messenger services TSF transfer between committees o services (legal, accounting) VOT voter registration WEB information technology costs (in |                       |   |           | ·                   |  |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   |                      | CODE C   | R DESCRI              | PTION OF PAYMENT                        |           | AMOUNT PAID         |  |
| Amelia Bakshi   | ., -                 | CMP  |                       |   |           | \$1,568.46          |  |
| Amelia Barshi   |                      | FIL  | Partial po            | yment towa                              | ard       | \$31.54             |  |
|   |                      | 1  |                       | · · · · · · · · · · · · · · · · · · ·   |           |                     |  |
|   |                      |  |                       |   |           |                     |  |
| * Payments that are contributions or independent expenditures must also be  | summarized on Sch    | edule D.   |                       |   | SUBTOTAL  | 1,600.00            |  |
| Schedule E Summary  | <del></del>          |  |                       |   |           | ,                   |  |
| 1. Itemized payments made this period. (Include all Schedule  | E subtotals.)        |  |                       |   | \$_       | 1,600.00            |  |
| 2. Unitemized payments made this period of under \$100  |                      |  |                       | *************************************** | \$_       | 0.00                |  |
| 3. Total interest paid this period on loans. (Enter amount from   | Schedule B, Pa       | ırt 1, Columi  | ı (e).)               |   | \$_       | _0.00               |  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E   | Enter here and or    | the Summ   | ary Page, Column A, I | _ine 6.)                                | TOTAL \$_ | 1,600.00            |  |
|   |                      | j  |                       |   | FPPC      | Form 460 (Jan/2016) |  |