

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

Termination - See Part 5
List I.D. number:

2, 22, 21
Date of Termination

(4)oc

Date Stamp	CALIFORNIA FORM 410
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CAMPAIGN FINANCE	

1. Committee Information

NAME OF COMMITTEE

FPPC ID* 1433101

Bellrose for School Board 2020

CITY STATE ZIP CODE AREA CODE/PHONE

Paramount CA 90723 562.879-2443
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

bellrose4psdboard@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles | Paramount CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Trish Marie Bellrose

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Paramount CA 90723 562.879-2443

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Trish Marie Bellrose

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Paramount CA 90723 562.879-2443

Attach additional information on appropriately labeled continuation sheets.

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

Executed on 2/22/21 By _____

Executed on 2/22/21 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT