For use by recipient committees that have n during the six-month period covered by a selective office may not use this form. See the Information Manual on Campaign D	mi-annual stati	ement. Candidate controlled isions of the Political Reform A	committees formed for art 05 AP	CELVED BY NGELES COUNTY EB -1 PM 3: 00	For Official Use Only
and information required to be provided to y			f 1977. QAM	IPAIGN FINANCE	G04596
1. Committee Information		I.D. NUMBER 910135	Treasurer(s)		
COMMITTEE NAME		010100	NAME OF TREASURER		
Baldwin Park Educaion Association			Jessica Englebretson		
Political Action Committe			MAILING ADDRESS	······	PA-C
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP CO	DDE AREA CODE/PHONE
			Irwindale	CA 9170	
CITY	TATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		7.0.
Irwindale C	A 91706	626.337.7814			
MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET		MAILING ADDRESS		
CITY	TATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDR	ESS	
2. Period of No Activity					
No contributions have been received	d and no expe	enditures have been made o	uring the period covering the date	es below: /	_
Check one of the following boxes			y 1, through June 30, 20		h December 31, 20 22
3. Verification					
I have used all reasonable diligence is true and complete. I certify under					ormation contained herein
Executed on 1/20/23			Ву		RER

FPPC Form 425 (Jan/01) I-Free Helpline: 866/ASK-FPPC 866/275-3772