Statement of C	Organization				Date Stamp	F 522 5 8	CALIFOR	NIA AAO
Recipient Com	mittee		4	RI	CEIVED AND F	of State	FORM	410
Statement Type	☐ Initial	☐ Amendment	Z	Termination - See Part 5	of the State of Californi	a	For Of	rficial Use Only O COUN
	O Not yet qualified	}			AUG 06 2021		2021 A	UG 19 PM 3:0
p-	or Date qualification threshold met	Date qualification threshold met		Date of termination	MOO OO ZUZI		CAber	3:0
		, , , , , , , , , , , , , , , , , , , ,	1			ĺ	1 PIAO	PAIGN FINANCL
	9 / 9 / 2020	/	L.	8 / 1 / 2021				
1. Committee	I.D. Number	er 1308454		2. Treasurer and	Other Principal Off	cers		
NAME OF COMMITTEE		.,		NAME OF TREASURER				
JANE C. ANDEI				ADRIANA J. MORG	AN			
RE-ELECTION			٠.	STREET ADDRESS (NO P.O. BOX)		·	· · · · · ·	
SCHOOL BOAR	ED 2020			• •				
STREET ADDRESS (NO P.O.	BOX)			CITY	STAT	ZIP	CODE	AREA CODE/PHONE
				ALHAMBRA	CA	91	1801 (62	26) 614 - 7871
CITY	STATE ZIP C			NAME OF ASSISTANT TREASURER	, IF ANY			
ALHAMBRA	the state of the s	801 (626) 862 - 120	69					
FULL MAILING ADDRESS (I	P DIFFERENT)		,	STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		_	CITY	STAT	ZIP	CODE	AREA CODE/PHONE
misclay1@charte								,
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	 			
LOS ANGELES	ALHAMBRA, CA	A						
:				STREET ADDRESS (NO P.O. BOX)				
Attach additional	information on appropriately la	beled continuation sheets.		CITY	STAT	E ZIP	CODE	AREA CODE/PHONE
			-					
3.' Verification	n							
	asonable diligence in preparing				tion contained herein is	true and	complete. I	certify under
penalty of perjur	y under the laws of the State of	California that the foregoing	is tr	ue and correct.				
Executed on	/1/2021 By							
	3/2/2821			!ASU!	RER			
Executed on	DATE By			TATE I	MEASURE PROPONENT			
Executed on	/ Bv							
	DATE	SIGNATURE OF CONT	ROLLI	NG OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	DATE By							
	DATE	SIGNATURE OF CONT	ROLL	NG OFFICEHOLDER, CANDIDATE, ON STATE	MEASURE PROPONENT		FPPC For	rm 410 (August/2018)

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

CALIFORNIA 410 **FORM**

INSTRUCTIONS ON REVERSE	Page 2							
JANE C. ANDERSON RE-ELECTION COMMITTEE SCHOOL BOA	I.D. NUMBER 1308454							
All committees must list the financial institution where the campaign bank account is located.								
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER						
BANK OF THE WEST	(626) 289 - 3534	064295371						
ADDRESS	CITY	STATE	ZIP CODE					
	ALHAMBRA	CA	91803					
4. Type of Committee Complete the applicable sections.								

Controlled Committee

- · List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- . If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE				
JANE C. ANDERSON	Alhambra Unified School District Board	2020	Nonpartisan	Partisan	(list political par	ty below)	
	Memher. Distret 2		Nonpartisan	Partisan	(list political par	ty below)	
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:							
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ER) CANDIDATE(S) OFFICE SOUGHT OR (INCLUDE DISTRICT NO., CITY			ON	CHECK	ONE	
					SUPPORT	OPPOSE	
					SUPPORT	OPPOSE	

Statement of Organization Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	Page 3
JANE C. ANDERSON RE-ELECTION COMMITTEE SCHOOL BOARD 2020	1.D. NUMBER 1308454
4. Type of Committee (Continued)	t .
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one bo □ CITY Committee □ COUNTY Committee □ STATE Committee	x:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY STATE ZIP'CODE	AREA CODE/PHONE

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

• This committee has ceased to receive contributions and make expenditures;

- · This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and

Small Contributor Committee

- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.