

**Recipient Committee
Campaign Statement
Cover Page**

2020-3

1-19-21 ①

COVER PAGE

Date Stamp
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LOS ANGELES COUNTY
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CAMPAIGN FINANCE

CALIFORNIA FORM 460
 Page 1 of 4
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020053
C11402

Statement covers period
 from 10/18/2020
 through 11/30/2020

Date of election if applicable:
 (Month, Day, Year)
11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 5)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1431310

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Layla Abou-Taleb for WVUSD Board 2020

STREET ADDRESS (NO P.O. BOX)

| | | | |
|---------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Walnut</u> | <u>CA</u> | <u>91789</u> | <u>9099646185</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

abousassi@yahoo.com

Treasurer(s)

NAME OF TREASURER

Layla Abou-Taleb

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | | | |
|---------------|-----------|--------------|-------------------|
| <u>Walnut</u> | <u>CA</u> | <u>91789</u> | <u>9099646185</u> |
|---------------|-----------|--------------|-------------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 fo

Executed on 01/19/2021
Date

By _____

Executed on 01/19/2021
Date

By _____
icer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

mv

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Layla Abou-Taleb

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Walnut Valley Unified School District Board Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Walnut CA 91789

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|--|--|--|
| NAME OF OFFICEHOLDER OR CANDIDATE Layla Abou-Taleb | OFFICE SOUGHT OR HELD WVUSD Board Member | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| I.D. NUMBER 1431310 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Layla Abou-Taleb

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>251</u> | \$ <u>4425</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>400</u> | |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>651</u> | \$ <u>4425</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>651</u> | \$ <u>4425</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>1950</u> | \$ <u>4425</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | | |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>1950</u> | \$ <u>4425</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | | |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | | |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>1950</u> | \$ <u>4425</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|----------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>1299</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>651</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>1950</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ _____

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|--|---|
| Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u> | CALIFORNIA FORM 460 Page <u>4</u> of <u>4</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Layla Abou-Taleb

I.D. NUMBER
1431310

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/18/2020 | Sam Jammal | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Tesla | 100 | 100 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 100
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 151
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 251

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER 1431310 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Layla Abou-Taleb

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|---|
| Layla Abou-Taleb † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Board Member | \$ 0 | \$ 400 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 400 DATE DUE _____ | _____% RATE \$ _____ | \$ 400 11/12/2021 DATE INCURRED | CALENDAR YEAR \$ 400 PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | | | | | | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 400
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 400**
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER 1431310 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Layla Abou-Taleb

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Gabriel Alfaro Chino Hills, CA 91709 | CNS | Campaign Consultant | 500 |
| Daniel Tsai Yorba Linda, CA 92886 | CNS | Campaign Consultant | 500 |
| Mohamad Almouazzan Riverside, CA 92509 | CNS | Campaign Manager | 450 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1450

Schedule E Summary

| | |
|---|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 1950 |
| 2. Unitemized payments made this period of under \$100..... | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 1950 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>11/30/2020</u> | CALIFORNIA FORM 460 |
| | Page _____ of _____ |
| | I.D. NUMBER 1431310 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Layla Abou-Taleb

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Shahar Syed Walnut, CA 91789 | CNS | Campaign Consultant | 500 |
| | | | |
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 500

2020-3-Term

Statement of Organization
Recipient Committee

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
25 AM 8:17
CAMPAGN FINANCE
Date of termination
11 / 30 / 2020

CALIFORNIA FORM 410
For Official Use Only
020053
C11402

Statement Type
 Initial
 Not yet qualified or
 Date qualification threshold met
 Amendment
Date qualification threshold met

Termination - See Part 5
Date of termination
11 / 30 / 2020

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|--|---|-------------------|-------------------------------|---|-------------|-------------------|-------------------------------|
| I.D. Number 1431310 <small>(if applicable)</small> | | | | NAME OF TREASURER Layla Abou-Taleb | | | |
| NAME OF COMMITTEE Layla Abou-Taleb for Walnut Valley Unified School District Board 2020 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Walnut | STATE CA | ZIP CODE 91789 | AREA CODE/PHONE 9099646185 |
| CITY Walnut | STATE CA | ZIP CODE 91789 | AREA CODE/PHONE 9099646185 | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) abousassi@yahoo.com | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |

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 information provided is true and correct.

Executed on 01/22/2021 By _____ TREASURER

Executed on 01/22/2021 By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

MLV

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

| | |
|---|------------------------|
| COMMITTEE NAME Layla Abou-Taleb for WVUSD Board 2020 | I.D. NUMBER 1431310 |
|---|------------------------|

• All committees must list the financial institution where the campaign bank account is located.

| | | |
|--|-------------------------------|-------------------------------------|
| NAME OF FINANCIAL INSTITUTION Bank of America | AREA CODE/PHONE 9098652424 | BANK ACCOUNT NUMBER 325137931264 |
| ADDRESS CITY Walnut | STATE CA | ZIP CODE 91789 |

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 | | |
|--|---|------------------|--------------------|----------|------------------------------|
| Layla Abou-Taleb | WVUSD Board Member | 2020 | Nonpartisan | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party 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 LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |