

**Statement of Organization  
Recipient Committee**

Statement Type

|   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial  | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met   | Date of termination  |
| ____/____/____  | ____/____/____                     | 06 / 30 / 2024   |

7/26/24

Date Stamp  
**RECEIVED BY**  
LOS ANGELES COUNTY

2024 JUL 30 PM 2:13

CAMPAIGN FINANCE

CALIFORNIA  
FORM 410

For Official Use Only

| 1. Committee Information   | 2. Treasurer and Other Principal Officers  |
|--|--|
| <p><b>I.D. Number</b><br/><small>(if applicable)</small></p> <p>NAME OF COMMITTEE<br/><b>Brittany Allison for Bonita Unified School Board 2022</b></p> <p>STREET ADDRESS (NO P.O. BOX)</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE<br/><b>La Verne CA 91750 626-485-0506</b></p> <p>FULL MAILING ADDRESS (IF DIFFERENT)</p> <p>E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)<br/><b>Brittanyfor BUSD@gmail.com</b></p> <p>COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE<br/><b>Los Angeles Los Angeles County</b></p> <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p> | <p>NAME OF TREASURER<br/><b>G. Muir Davis</b></p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE<br/><b>La Verne CA 91750</b></p> <p>EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE<br/><b>muir.davis@gmail.com 909-493-9028</b></p> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE</p> <p>EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE</p> <p>NAME OF PRINCIPAL OFFICER(S)</p> <p>STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE</p> <p>EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE</p> |

**3. Verification**

I have used all reasonable diligence in preparation of this statement and I know 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 contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

|  |  |
|--|--|
| Executed on <u>7/25/24</u> By _____<br><small>DATE</small> | _____<br><small>TREASURER OR ASSISTANT TREASURER</small>   |
| Executed on <u>7/25/24</u> By _____<br><small>DATE</small> | _____<br><small>HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small>                                |
| Executed on _____ By _____<br><small>DATE</small>          | _____<br><small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small> |
| Executed on _____ By _____<br><small>DATE</small>          | _____<br><small>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT</small> |