

**Recipient Committee
Campaign Statement
Cover Page**

2020-3-T

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
RECEIVED BY LOS ANGELES COUNTY 2/8/21 gjs 2021 FEB -9 PM 2:27 CAMPAIGN FINANCE	Page 1 of 4
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Statement covers period from 10/18/2020 through 12/31/2020	Date of Election if applicable (Month, Day, Year)
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1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

To add Candidate's Original signature

3. Committee Information

I.D. Number 1429273

COMMITTEE NAME
Anne Allaire for School Board 2020

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 the complete. I certify under penalty of perjury under the laws of the

State of California that the information contained herein is true and correct.

Executed on 2/8/21 By _____

Executed on 2/01/2021 By _____
SIGNATURE OF C

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

TREASURER

AGENT OR RESPONSIBLE OFFICER OF SPONSOR