### Statement of Organization

**Recipient Committee**

<table>
<thead>
<tr>
<th><strong>Statement Type</strong></th>
<th>☐ Initial</th>
<th>☑ Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not yet qualified</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Type or print in ink Date**

**Stamp**

**STATEMENT OF ORGANIZATION**

<table>
<thead>
<tr>
<th><strong>List I.D. number:</strong></th>
<th># 1369516</th>
</tr>
</thead>
</table>

**Date qualified as committee**

**Date qualified as committee (if applicable)**

**Date of Termination**

**1. Committee Information**

**NAME OF COMMITTEE**

**CHEEMA FOR SCHOOL BOARD 2014**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**MAILING ADDRESS (IF DIFFERENT)**

**OPTIONAL: FAX/E-MAIL ADDRESS**

**COUNTY OF DOMICILE**

**Alameda**

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

**BRITAM S. CHEEMA**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY**

**NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**

**MAILING ADDRESS**

**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 foregoing is true and correct.

**Executed on**

**DATE**

**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**By**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**By**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**By**

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**FPPC Form 410 (January/05)**

**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
CHEEMA FOR SCHOOL Board 2014

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

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 "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of the West</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
<td></td>
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