

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410 <small>For Official Use Only</small>
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Statement Type Initial
 Not yet qualified or

Amendment
 List I.D. number

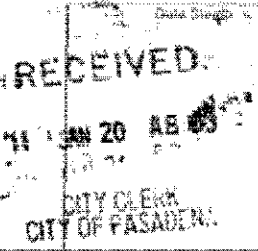
Termination - See Part
 List I.D. number

1333730

_____/_____/_____
 Date qualified as committee

12.00 / 2010
 Date qualified as committee
(if applicable)

_____/_____/_____
 Date of Termination



1. Committee Information

NAME OF COMMITTEE
Sean J. Peggett for PASD School Board 2011

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PASADENA, CA 91101

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOWNSIDE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOWNSIDE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Yolanda Miranda

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Pasadena, CA 91704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 01/10/2011 DATE

Executed on 01/18/2011 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE OR DATE REGISTRAR/PARTICIPANT

By _____ SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE OR DATE REGISTRAR/PARTICIPANT

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FPPC Form 410 (June 09)
 FPPC Toll-Free Helpline: 866ASK FPPC

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
SEAN J. BAGGETT FOR HIGH SCHOOL BOARD 2011

NO NUMBER
1833730

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officer/holder, candidate, or state measure proposed. If candidate or officer/holder 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 officer/holder 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.

NAME OF CANDIDATE/OFFICER/STATE MEASURE PROPOSED	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Sean J. Baggett	Board of Education President USF District No. 3	2011	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
California Bank & Trust	[REDACTED]	[REDACTED]
ADDRESS	CITY	STATE ZIP CODE
[REDACTED]	Los Angeles	CA 90071

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

CANDIDATE(S) NAME(S) OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) DESCRIPTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE