

**Officeholder and Candidate
Campaign Statement –
Short Form**

0164

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>
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<p>Date Stamp</p> <p>RECEIVED LOS ANGELES COUNTY ① 4/28/22 2022 MAY -2 PM 3:00 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p>018447-1</p>
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Soo Yoo

STREET ADDRESS

CITY
Cerritos

STATE
CA

ZIP CODE
90703

AREA CODE/DAYTIME PHONE NUMBER
562-802-7823

OPTIONAL: FAX / E-MAIL ADDRESS
soo.yoo@abcusd.us

OFFICE SOUGHT OR HELD
School Board

JURISDICTION (LOCATION)
ABC USD

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 in contributions during the calendar year covered by this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on April 25, 2022
DATE

By _____