

Officeholder and Candidate  
Campaign Statement –  
Short Form

7/26/21 ①

5721

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____
--	---

CALIFORNIA FORM 470

For Official Use Only

020991

Date Stamp: LOS ANGELES CO  
2021 JUL 28 PM 2:33  
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 21 .

<p><b>2. Officeholder or Candidate Information</b></p> <p>NAME OF OFFICEHOLDER OR CANDIDATE <u>JACQUELINE KU</u></p> <p>STREET ADDRESS _____</p> <p>CITY STATE ZIP CODE <u>DUARTE CA 91010</u></p> <p>AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>408-533-3835 JACQUELINEJKU@GMAIL</u></p>	<p><b>3. Office Sought or Held</b></p> <p>OFFICE SOUGHT OR HELD <u>GOVERNING BOARD MEMBER</u></p> <p>JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE) <u>DUARTE Unified School District</u></p>
---	--

**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

**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 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/26/2021 DATE By \_\_\_\_\_