

2020-3  
020991  
21147

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 2020

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**DEC 22 2020**

**CALIFORNIA FORM 410**  
For Official Use Only  
LOS ANGELES COUNTY  
**2021 FEB 11 AM 9:59**  
CAMPAIGN FINANCE

1. Committee Information				I.D. Number 1431318 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE <b>Vote4Ku Duarte School Board Candidate 2020</b>				NAME OF TREASURER <b>OZIEL HERNANDEZ</b>				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)				CITY <b>CONVINA</b>	STATE <b>CA</b>	ZIP CODE <b>91722</b>	AREA CODE/PHONE <b>818-480-8714</b>	NAME OF ASSISTANT TREASURER, IF ANY <b>JACQUELINE KU</b>				
CITY <b>DUARTE</b>	STATE <b>CA</b>	ZIP CODE <b>91010</b>	AREA CODE/PHONE <b>408-533-3835</b>	STREET ADDRESS (NO P.O. BOX)				NAME OF PRINCIPAL OFFICER(S) <b>ANGELA TSENG</b>				
FULL MAILING ADDRESS (IF DIFFERENT)				CITY <b>DUARTE</b>				STATE <b>CA</b>	ZIP CODE <b>91010</b>	AREA CODE/PHONE <b>408-533-3835</b>	STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>VOTE4KU@GMAIL.COM</b>				CITY <b>DUARTE</b>				STATE <b>CA</b>	ZIP CODE <b>91010</b>	AREA CODE/PHONE <b>408-533-3835</b>	STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE <b>LOS ANGELES</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>DUARTE, CA</b>			CITY <b>LA HABRA</b>				STATE <b>CA</b>	ZIP CODE <b>90631</b>	AREA CODE/PHONE <b>626-502-7592</b>	STREET ADDRESS (NO P.O. BOX)	
<i>Attach additional information on appropriately labeled continuation sheets.</i>												

**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 11/11/20 By \_\_\_\_\_  
DATE

Executed on 11/11/20 By \_\_\_\_\_  
DATE

Executed on 11/11/20 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

\_\_\_\_\_  
INSTANT TREASURER

\_\_\_\_\_  
DATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
DATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

dc

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COMMITTEE NAME VOTE4KU DUARTE SCHOOL BOARD CANDIDATE 2020	I.D. NUMBER 1431318
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO	AREA CODE/PHONE 626-305-8330	BANK ACCOUNT NUMBER 9867404908
ADDRESS	CITY DUARTE	STATE CA
		ZIP CODE 91010

**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 "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
JACQUELINE KU	DUARTE UNIFIED SCHOOL DISTRICT SCHOOL BOARD	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

VOTE4KU DUARTE SCHOOL BOARD CANDIDATE 2020

I.D. NUMBER

1431318

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VOTE4KU COMMITTEE IS TO CAMPAIGN JACQUELINE KU FOR DUARTE UNIFIED SCHOOL BOARD MEMBER.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.