

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 2021 SEP -3 AM 11:34 CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
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Date of election if applicable: (Month, Day, Year)  _____ _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
JACQUELINE KU		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DUARTE	CA	91010
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
408-533-3835	JACQUELINEJKU@GMAIL	

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
GOVERNING BOARD MEMBER	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
DUARTE Unified School District	

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 7/30/2021  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE