| Ca       | ficeholder and Candidate<br>ampaign Statement –   |                    |                      |         | REC  | Date Stamp<br>GELES COUNTY | CALIFORNIA 470 |                                    |   |
|----------|---|--------------------|----------------------|---------|--|----------------------------|----------------|------------------------------------|---|
| Sn       | ort Form  |                    | ction if applicable: | ☑ Amen  | dment (Explain Below)  |                            |                | For Official Use Only              |   |
|          | ·   | (Month, Day, Year) | iii, Day, 16ai/      |         | office April 30, 2022  | 2022 JUL 22 PI             | L 22 PM 4: 16  | 02000                              |   |
|          |   | Nov 2020           | )                    |         |  |                            | AIGH FINANCE   | 020991                             |   |
|          |   |                    |                      |         |  |                            |                |                                    |   |
| 1.       | Statement Covers Calendar Year 20 22 Officeholder or Candidate Information                              |                    |                      | 3.      | Office Sought  | or Held                    |                |                                    |   |
| 1.<br>2. | Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE                                |                    |                      | 3.      | Office Sought of HEL   |                            |                |                                    | _ |
| 1.<br>2. | Officeholder or Candidate Information   |                    |                      | 3.      | OFFICE SOUGHT OR HEL   | .D                         | BER            |                                    | _ |
| 1.<br>2. | Officeholder or Candidate Information   |                    |                      | 3.      |  | .b<br>OARD MEM             | BER            | DISTRICT NUMBER                    |   |
| 1.<br>2. | Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  JACQUELINE KU                 |                    |                      | 3.      | GOVERNING B  | OARD MEMI                  |                | DISTRICT NUMBER<br>(IF APPLICABLE) | _ |
| 1.<br>2. | Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  JACQUELINE KU                 | STATE              | ZIP CODE             | 3.      | OFFICE SOUGHT OR HEL<br>GOVERNING BO<br>JURISDICTION (LOCATION | OARD MEMI                  |                |                                    | _ |
| 1.<br>2. | Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  JACQUELINE KU  STREET ADDRESS | CA                 | 91010                | 3.      | OFFICE SOUGHT OR HEL<br>GOVERNING BO<br>JURISDICTION (LOCATION | OARD MEMI                  |                |                                    |   |
| 1.       | Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  JACQUELINE KU  STREET ADDRESS | CA                 |                      | 3.<br>— | OFFICE SOUGHT OR HEL<br>GOVERNING BO<br>JURISDICTION (LOCATION | OARD MEMI                  |                |                                    |   |

| 4  | Cammittaa | Information |
|----|-----------|-------------|
| 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 |
|--------------------------------|-------------------|-------------------|
|                                |                   |                   |
| N/A                            | N/A.              | N/A               |
|                                |                   |                   |
|                                |                   |                   |
|                                |                   |                   |

## 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.

| 7/19/2022   | _   |                         |
|-------------|-----|-------------------------|
| Executed on | By. |                         |
| DATE        |     | FICEHOLDER OR CANDIDATE |