

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

Date of election if applicable:  
(Month, Day, Year)  
Nov. 2017

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
09/08/2021  
2021 SEP 10 PM 2:16  
CAMPAIGN FINANCE

CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Soo Y. Yoo

STREET ADDRESS

CITY CA STATE 90703 ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER 562-802-7823

OPTIONAL: FAX / E-MAIL ADDRESS sooyoo4abc@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
ABCUSD School Board Trustee

JURISDICTION (LOCATION) ABC School District

DISTRICT NUMBER (IF APPLICABLE) 2

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>	<u>N/A</u>	<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 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 9/7/2021 DATE

By \_\_\_\_\_