Statement of Organization Recipient Committee		Type or print in ink			Date Stamp &	CALIFO	NENIA (A)	
		Type of pinic iii iii.			86 9 8 98	FOR		3
Statement Type	☐ Initial Not yet qualified ☐ or	# <u>1332432</u> <u>9,20,10</u>	#Date	I of Termination	FEB 06 04154PM Date STOTTY CLERK		Official Use Only	
1. Committee	Information		# A	2. Treasurer and Ot	her Principal Offic	ers		_
NAME OF COMMITT				NAME OF TREASURER K	enne			
Ker	nne for Sc	hool Boord 2013		STREET ADDRESS (NO P.O. E		e ·		_
STREET ADDRESS				CITY Pasadena	STATE	ZIP CODE 91104	AREA CODE/PHONE	
1824	N. Mar Vista	- fue	101/5	NAME OF ASSISTANT TREAS		9/1101	<i>\$247.76</i>	200
CITY	dava C IA	- ANL STATE ZIP CODE AREA CODE/PH 91104 626794	ハろコぐ		•			_
ヤジーン(人) MAILING ADDRESS		1(101 626771		STREET ADDRESS (NO P.O. E	BOX)			
MALINOTISSINGS				CITY	STATE .	ZIP CODE	AREA CODE/PHONE	_
OPTIONAL: FAX /	'	Kimkwebaaol.com		NAME OF PRINCIPAL OFFICE	=R(S)			-
COUNTY OF DOMIC	14-9067 k	STY WHERE COMMITTEE IS ACTIVE IF DIFFEREN	π					
		NTY WHERE COMMITTEE IS ACTIVE IF DIFFEREN I COUNTY OF DOMICILE		STREET ADDRESS (NO P.O. I	BOX)			
LOS M	ngules			CITY	STATE	ZIP CODE	AREA CODE/PHONE	Ξ
Attach additional	information on appropriately	labeled continuation sheets.		-				
perjury under th	ne laws of the State of Ca	reparing this statement and to the best of lifornia that the foregoing is true and corre	my know	1/ 1/		•	y under penalty of	
				SIGNATURE O	F TREASURER OR ASSISTANT TRE	ASURER	•	
Executed on	DATE	<i>6</i> /12/ By		SIGNATURE OF CONTROLLING OF	FFICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PROPO	DNENT	
Executed on		Ву		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PROPO	ONENT	
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PROPO	DNENT	

FPPC Form 410 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee

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I.D. NUMBER

INSTRUCTIONS ON REVERSE

Kenne fw School Board 2013

1332432

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 "non-partisan."
- 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)		PARTY			
Kim Kenne	School Board Truster,	Pascolena	2013	Non-Partisan			
		Unified	·	☐ Non-Partisan			
List the financial institution where the campaign bank account is lo	cated (controlled "candidate election" con	nmittees only)					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER				
Wells Forgo	626 449-8611	732	0197077				
ADDRESS	CITY	STATE	ZIP CODE	•			
82 S. Lake Ave	Pasudeno	CA	91106				
Primarily Formed Committee Primarily formed to support or oppose	specific candidates or measures in a single el	ection. List below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)							
		· ·		SUPPORT	OPPOSE		
				SUPPORT	OPPOSE		

Statement of Organization Recipient Committee

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FORM

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Lanne for School Board 2013	1.D. NUMBER 1332432
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	
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	
Small Contributor Committee Date qualified	

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.