Statement of Organization Recipient Committee		Type or print in ink		Date Stamp	CALI	FORNIA 410	
Statement Type	☐ Initial  Not yet qualified ☐ or	M Amendment List I.D. number:  1332432		mination – See Part 5 number:		RE€	у 15 А9 :31
		Date qualified as committee	Date	 e of Termination		CL	TY CLERK OF PASADENA
1. Committee	Information			2. Treasurer and Oth	er Principal Off	icers	
NAME OF COMMITTED STREET ADDRESS	e for School	Board 2011	***************************************	NAME OF TREASURER  KINN KEIN  STREET ADDRESS (NO P.O. BC  1834 N. Ma	•	ZIP CODE	AREA CODE/PHONE
1824 N	. Mor Vista A	VL.		Pasadena	CA	91104	626 794 0325
PUSUA	(IF DIFFERENT)	ATE ZIP CODE AREA CODI A 91104 (026791		NAME OF ASSISTANT TREASU		ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E		eb@acl.csw		NAME OF PRINCIPAL OFFICER	(C)		
COUNTY OF DOMIC	COUNTY V	WHERE COMMITTEE IS ACTIVE IF DIFFER INTY OF DOMICILE	RENT	STREET ADDRESS (NO P.O. BC			
Attach additional is	nformation on appropriately label	led continuation sheets.		CITY	STATE	ZIP CODE	AREA CODE/PHONE
perjury under the Executed on Executed on Executed on	easonable diligence in prepai	ring this statement and to the best lia that the foregoing is true and co By By By	t of my know orrest	e) J J	REASURER OR ASSISTANT TRI	EASURER TATE MEASURE PRO	PONENT
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OFFI	CEHOLOER, CANDIDATE, OR S	TATE MEASURE PRO	PONENT

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<ul> <li>4. Type of Committee Complete the applicable sections.</li> <li>Controlled Committee</li> <li>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 district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is affiliated or check "non-partisan."</li> <li>If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.</li> </ul>			NIZATION	
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NAME OF FINANCIAL INSTITUTION  ELECTIVE OFFICE SOUGHT OR HELD  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  PARTY  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  PARTY  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  PARTY  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  Non-Partisan  Non-Partisan  AREA CODE/PHONE  BANK ACCOUNT NUMBER				
NAME OF FINANCIAL INSTITUTION  NAME OF FINANCIAL INSTITUTION  (INCLUDE DISTRICT NUMBER IF APPLICABLE)  YEAR OF ELECTION  PARTY  School Board Trustle, Pasaclera 2011  Non-Partisan  Value of Financial institution where the campaign bank account is located (controlled "candidate election" committees only)  NAME OF FINANCIAL INSTITUTION  AREA CODE/PHONE  BANK ACCOUNT NUMBER				
Kim Kenne School Board Trostle, Pasaclera 2011     Unified Non-Partisan  - List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)  NAME OF FINANCIAL INSTITUTION   AREA CODE/PHONE   BANK ACCOUNT NUMBER		ON PARTY		
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NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER	Unifierd	☐ Non-Partisan		
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	NAME OF FINANCIAL INSTITUTION TAREA CODE/PHONE BANK ACCOUNT NUMBER			
	Wells Forse 1024 449-8611 7320197077			
ADDRESS CITY STATE ZIP CODE	ADDRESS CITY STATE ZIP CODE			
82- S. Lake Alve. Pascolena CA 91106	82. S. Lake Alve. Pascolena CA 91106			
	Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List 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)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	N CHECK OF	ME	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO OR LETTER)  CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION		SUPPORT C	PPOSE	

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Recipient Committee	CALIFORNIA 410
INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE NAME Kenne for School Board 2011	I.D. NUMBER 1332432
4. Type of Committee (Continued)	
General Purpose Committee  Not formed to support or oppose specific candidate  CITY Committee  COUNTY Committee	s or measures in a single election. Check only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR	NDUSTRY 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

Statement of Organization

- · 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.

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STATEMENT OF ORGANIZATION