

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

7/24/24 ①

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

**Amendment** (Explain Below)

Date Stamp  
**RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL 26 PM 3:13  
CAMPAIGN FINANCE**

**CALIFORNIA  
FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
VINSON G BELL

STREET ADDRESS

STATE CA ZIP CODE 91780

AREA CODE/DAYTIME PHONE NUMBER 626-255-8000 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
BOARD OF EDUCATION

JURISDICTION (LOCATION)  
TEMPLE CITY

DISTRICT NUMBER (IF APPLICABLE)

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

Executed on 7/24/24 DATE

By \_\_\_\_\_