

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

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

Amendment (Explain Below)

Date Stamp

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CALIFORNIA FORM 470

For Official Use Only

CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Kenneth Bell

STREET ADDRESS

CITY STATE ZIP CODE
Duarte CA 91010

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-807-9443

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Duarte Unified School District

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 \$ _____ 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 I have used _____ ct.

Executed on July 29, 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE