

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

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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Date of election if applicable:
(Month, Day, Year)
3/3/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kay Kinsler

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006-1725

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-484-8278 kaykiinsler@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Arcadia Unified School District Governing Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Arcadia, Los Angeles County

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 State of California that the information provided is true and correct.

Executed on July 20, 2024
DATE

By _____
OFFICEHOLDER OR CANDIDATE