Ca	ficeholder and Candidate Impaign Statement –					LUS ANGELES COL FORM 470			
Sn	ort Form	Date of election if applicable: (Month, Day, Year)	Aillei	Amendment (Explain Below) office holder has resigned from		2024 SEP -9	PM 3: 1	For Official Use O	inly
						CAMPAIGN FINAN		CO8493	
1.	Statement Covers Calendar Year 20 24	• .							
2.	Officeholder or Candidate Information			Office Sought of	or Held			,	
	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HEL		1			
	Ken Bell					MEMBER- DUA	RTE UNIFIL	ED SCHOOL DIS	TRICT
	STREET ADDRESS	. :		JURISDICTION (LOCATION COUNTY	N)	,		(IF APPLICABLE)	
	CITY	STATE ZIP CODE							
	Duarte	CA 91010					-		
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDR				20-			
	8188079443	626 3055596 (tax #	[‡])						
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.								
	List all committees of which you have knowledge that are primarily formed to receive committee NAME AND I.D. NUMBER			utions or to make ex EE ADDRESS	res on behalf of your candidacy. NAME OF TREASURER				
	Committee to the total contraction		COMMITT	EE ADDRESS			TOTAL OF	INDAGONEN	
	Did not form a committee			-					
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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								
	Executed on 9-3 \ 2024	<u> </u>		В					