1. Statement Covers Calendar Year 20 24.  2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE  VINSON G BELL  STREET ADDRESS  CA 91780  STATE ZIP CODE  C26 ~ 255 ~ 8000  AREA CODE/DATIME PHONE NUMBER  OFFICIAL: FAX /E-MAIL ADDRESS  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 can  COMMITTEE NAME AND LD. NUMBER  COMMITTEE ADDRESS  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 laws of the committee in preparing this statement. I certify under penalty of perjury under the laws of the	der and Candidate n Statement –			7/24/24 Date Stamp	CALIFORNIA		
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Executed on By _	on 7/24/24	DATE	Ву		7		