

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

7/21/23

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

Amendment (Explain Below)

Date Stamp
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2023 JUL 24 PM 1:53
**CAMPAIGN FINANCE
DISCLOSURE SECTION**

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KENNETH M. BELL

STREET ADDRESS
DUARTE

CITY
DUARTE

STATE
CALIF

ZIP CODE
CA. 91010

AREA CODE/DAYTIME PHONE NUMBER
818 807 9443

OPTIONAL: FAX / E-MAIL ADDRESS
Kbell10044@aol.com

3. Office Sought or Held

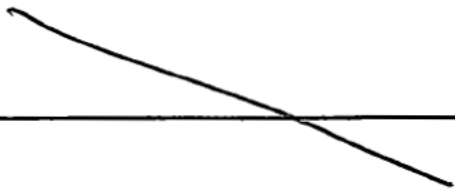
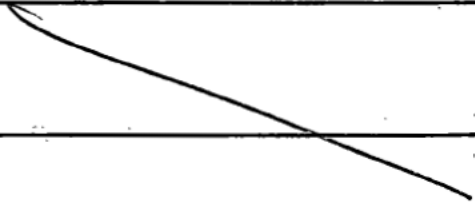
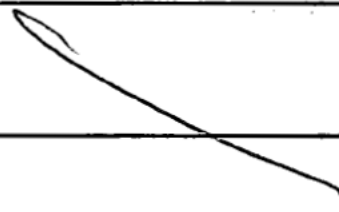
OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION)
DUARTE UNIFIED

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 California that the information provided is true and correct.

Executed on JULY 19TH 2023
DATE