			•	COVER PAGE
Recipient Committee Campaign Statement Cover Page			COUNTY	CALIFORNIA 460
	Statement covers period	Date of election if applicable: CT 26	PH 12: 38	Page 1 of 11
	from Sept 25, 2022	(Month, Day, Year)		For Official Use Only
	from OCDI 20, 2022	CAMPAIGN	LFINANCE	1
SEE INSTRUCTIONS ON REVERSE	through Oct 22, 2022	Nov 8, 2022	DRG	
. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		-
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	<ul> <li>✔ Preelection Statement         Semi-annual Statement         Termination Statement         (Also file a Form 410 Termination         Amendment (Explain below)</li> </ul>	Spec	rterly Statement cial Odd-Year Report
	D. NUMBER 454559	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	454559	NAME OF TREASURER		
Friends of Ken Bell for Duarte School Board 202	22			
		MAILING ADDRESS		
		P O Box 1542		_
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	
		Duarte	CA 910	010 626 359-3073
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	Υ	
Duarte CA 910				
FERENT) NO. AND STREET OR P.O. BO	x	MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
Duarte CA 910				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
. Verification				
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my l	knowledge the information contained herein a	and in the attached so	hedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California tha			
Executed on Oct 26, 2022				
Date		Treasurer		<del></del>
Executed on Oct 26, 2022	Signature of London	SHIP Officenoider, Sandidate, State Measure Proponent of	Responsible Officer of Spon	sor
,		, comment of the state of the s		
Executed onDate	Ву	ignature of Controlling Officeholder, Candidate, State Measure	ure Proponent	•
Executed on	Ву	ignature of Controlling Officeholder, Candidate, State Measu	uro Pronopent	<del></del>
Date	5	ignature of Condoming Officeriolder, Candidate, State Meast	are radiometer	

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER	R PAGE - PART 2
CALIFORM FORM	460
Page 2	of 11

5.	Officeholder or Candidate Controlled Commi	ttee		6.	ı	Primarily Formed Ballot	Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE				1	NAME OF BALLOT MEASURE				
	Ken Bell					,				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF	APPLICABLE)		i	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
	Duarte Unified School District Trustee Board									OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY Duarte	STATE ZIP CA 91010		1	Identify the controlling officeh	older, candid	ate, or state	measure pro	ponent, if any.
					i	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT		
	Related Committees Not Included in this State	tement: List	any committees					,		
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily for				OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
	·									
	COMMITTEE NAME	I.D. NUMBER	•							
				_						
	NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	٠ !	Primarily Formed Candi officeholder(s) or candidate(s) t	date/Office for which this of	holder Co committee is p	mmittee primarily form	List names of ned.
		YES	NO							
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)			1	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HEL	SUPPORT
										OPPOSE
	CITY STATE ZIP C	ODE AF	REA CODE/PHONE		Ī	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HEL	.D SUPPORT
										OPPOSE
	COMMITTEE NAME	I.D. NUMBER			ī	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HEL	D
										SUPPORT
	NAME OF TREASURER	CONTROLLED	COMMITTEE?		,	NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	IGHT OR HEL	
		YES	NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOC	GHI OK HEL	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)								OPPOSE
	CITY STATE ZIP C	ODE AF	REA CODE/PHONE			44	h aantiaustis	n obooto if -		
	Sinit all o	n				Attac	h continuatio	n sneets if n	ecessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period from Sep 25, 2022 \_\_\_ of \_11 I.D. NUMBER

through Oct 22, 2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ken Bell 1454559

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{1,967.00}{3,300.00}\$ \$\frac{5,267.00}{111.20}\$ \$\frac{5,378.20}{111.20}\$	\$\frac{4,266.00}{5,300.00}\$ \$\frac{9,566.00}{111.20}\$ \$\frac{9,677.20}{110.00}\$	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$\frac{5,116.90}{0}\$ \$\frac{5,116.90}{-398.06}\$ \$\frac{111.20}{4,830.04}\$	\$ 6,756.80 0 \$ 6,756.80 0.00 111.20 \$ 6,868.00	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$\frac{2,659.10}{5,267.00} \\ \tag{0.00}{5,116.90} \\ \$\frac{0}{5,809.20} \\ \$\frac{0}{0} \\ \$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)
. Add Line 2 - Line 3 in Column B 800Ve	<b>*</b>	l	FPPC Advice: advice@fppc.ca.gov (866/275-37

Schedule	Α	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars. SCHEDULE A

Statement covers period from Sep 25, 2022	CALIFORNIA 460
through Oct 22, 2022	Page 4 of 11
	I.D. NUMBER
•	1454559

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ken Bell

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/8/2022	Breakfast Club Johnny Dredd, President Corona, CA 92883	IND COM OTH PTY SCC	Men's organization	\$500	\$500			
10/12/2022	Bruce Lathrop  Bradbury, CA 91008	OTH PTY SCC	Atty Self	\$100	\$100			
9/29/2022	Brandon Lee Ontario, CA 91761	V IND COM OTH PTY SCC	Salesman PPG	\$100	\$100			
10/13/2022	Kim Garcia Arcadia, CA 91007	VIND COM OTH PTY SCC	Admin Specialist Mt SAC College	\$100	\$100			
9/29/2022	Kent Bechler Glendora, CA 91741	IND COM OTH PTY SCC	Assoc Dean Azusa Pacific College	\$250	\$250			
	SUBTOTAL \$ \$1,050							

## Schedule A Summary

- Amount received this period itemized monetary contributions.

  (Include all Schedule A subtotals.)

   \$\frac{1,550}{2}\$
- 2. Amount received this period unitemized monetary contributions of less than \$100 .....\$
- Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 1,967

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from Sep 25, 2022	california 460
		through Oct 22, 2022	Page 5 of 11
NAME OF FILER			I.D. NUMBER
Ken Bell			1454559

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Penneth Brazile  A, CA 91356  Ameron Murray	CONTRIBUTOR CODE *  IND COM OTH J PTY SCC IND	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)  Retired LASD	AMOUNT RECEIVED THIS PERIOD \$300	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) \$300	PER ELECTION TO DATE (IF REQUIRED)
A, CA 91356 ameron Murray	COM OTH J PTY SCC		\$300	\$300	
	✓ IND				
oland, CA 91786	COM OTH PTY SCC	Program Dir. Prodigy Athletics	\$100	\$100	
Iward Allen orona, CA 92881	VIND COM OTH PTY SCC	Retired LASD	\$100	\$100	
	IND COM OTH PTY SCC				
	IND COM OTH PTY SCC				
or	ona, CA 92881	ona, CA 92881  OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY	OTH PTY SCC  IND  COM OTH PTY SCC  IND  COM OTH PTY SCC  IND  COM OTH PTY SCC	OTH PTY SCC  IND COM OTH PTY SCC	OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY SCC  IND COM OTH PTY SCC

\*Contributor Codes

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Loans received this period	\$ 3,300.00
(Total Column (b) plus unitemized loans of less than \$100.)  2. Loans paid or forgiven this period	
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)  3. Net change this period. (Subtract Line 2 from Line 1.)	\$ 3,300.00

†Contributor Codes

IND - Individual

(May be a negative number)

COM – Recipient Committee (other than PTY or SCC)

OTH -- Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

<sup>\*</sup>Amounts forgiven or paid by another party also must be reported on Schedule A.
\*\* If required.

	etary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers p Sep 25, 2022  Output  Oct 22, 202		CALIFORNIA 460 FORM  Page 7 of 11		
NAME OF FILER	ONS ON REVERSE				thro	ugn		I.D. NUMB		
Ken Bell								145455	9	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC								
		IND COM OTH PTY SCC								
		IND COM OTH PTY SCC								
		IND COM OTH PTY SCC								
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	)TAL S	\$ 0	i.		The second secon	
1. Amount red	C Summary eceived this period – itemized nonmonetary Il Schedule C subtotals.)	y contribution	ıs.		\$_	0	— IND	(other th	al ent Committee han PTY or SCC)	
2. Amount re	eceived this period – unitemized nonmonet	tary contribut	ions of less than \$100		\$_	111.20	PT\	Y - Political	e.g., business entity) Party contributor Committee	

3. Total nonmonetary contributions received this period.

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Ken Bell	Amounts may be to whole d			from_	Sep 25, 2022 gh Oct 22, 2022		
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating urvey researci	n senger services	RAD REPORTED TO THE CONTROL OF THE C	escribe the payment.  adio airtime and production of eturned contributions ampaign workers' salaries  v. or cable airtime and production of the salaries  andidate travel, lodging, and taff/spouse travel, lodging, a ransfer between committees oter registration  formation technology costs	uction cost I meals and meals of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	DR DESC	CRIPTION	OF PAYMENT		AMOUNT PAID
CuroPrint  Duarte, CA 91010		LIT POS	Mailers & Postag	е		,,,,,	3,707.04
CuroPrint  Duarte, CA 91010		СМР	Yard Signs & Bar Addl. Yards Signs				854.44 115.76
Jackie Hasty Duarte, CA 91010		CMP	T Shirts				150.00
* Payments that are contributions or independent expenditures must al	so be summarized on Sche	edule D.			SUI	BTOTAL	\$ 4,827.24
Schedule E Summary							
1. Itemized payments made this period. (Include all Sche	edule E subtotals.)		,				5,075.30
2. Unitemized payments made this period of under \$100.						Φ.	41.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$\_

0.00

		(CONT.

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				Statement covers period Sep 25, 2022		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					gh Oct 22, 2022	Page 9	of	
NAME OF FILER Ken Bell						1.D. NUME		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS contribution (explain nonmonetary)*  COFC civic donations  FIL candidate filing/ballot fees  FND fundralising events  IND independent expenditure supporting/opposing others (explain)*  FOS professional services (legal, accounting)  LEG legal defense  LEG legal defense  CMBR member communications  MBR member communications  MBR member communications  MBR member communications  RAD radio airtime and production costs  RFD returned contributions  Contributions  FRD campaign workers' salaries  FRD tuv. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sport  VOT voter registration  VOT voter registration  WEB information technology costs (internet, e-mail)							e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID	
CuroPrint		LIT					248.06	
Duarte, CA 91010								
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.				SUBTOTAL	\$ 248.06	

					SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement coverage Sep 25, 20		FORNIA 460		
			through Oct 22,	2022	10 of 11		
SEE INSTRUCTIONS ON REVERSE				Page	of		
NAME OF FILER				I.D. NI	UMBER		
Ken Bell				1454	1559		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.							
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Jackie Hasty - The Hast Easy Crafter Duarte, CA 91010	T-Shirts	150	0	150	0		
Curo Print  Duarte, CA 91010	LIT .	248.06	0	248.06	0		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 398.06	\$ 0	\$ 398.06	\$ 0		
Schedule F Summary							
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized as	chedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS \$	0.00		
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)						
Net change this period. (Subtract Line 2 from Line 1. Enteron the Summary Page, Column A, Line 9.)	er the difference here and	·		NET \$	-398.06		
				ro	May be a negative number		

Schedule G			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from Sep 25, 2022	CALIF FO
SEE INSTRUCTIONS ON REVERSE		through Oct 22, 2022	Page 1

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lois Gaston

NAME OF FILER Ken Bell

CODES: If one of the following codes accurately	describes the payment, you may enter the code	e. Otherwise, describe the payment.
CMD compaign paraphernalia/mico	MPD member communications	DAD radio sistima and production costs

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings		print ads	WEB	information technology costs (internet, e-mail)
			•		

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR DESCRIPTION OF PAYMENT		
CuroPrint	LIT	Mailers & Postage	\$3,707.04	
Duarte, CA 91010				
7	ļ			
		,		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 3,707.04

SCHEDULE G

I.D. NUMBER

1454559

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.