

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

7/23/21 (3) > 121

Date of election if applicable: (Month, Day, Year) 3/03/2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Kay Kinsler

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-355-4834 kkinsler@ausd.net

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, CA

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 foregoing is true and correct.

Executed on July 22, 2021 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE