

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

U-NAM

5723

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

N/A

Amendment (Explain Below)

Date Stamp
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CALIFORNIA
FORM 470

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062108

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Reyna Diaz

STREET ADDRESS

CITY STATE ZIP CODE

Duarte CA 91010

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

626-242-6289

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION)

Duarte Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

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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
N/A		

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 th

Executed on July 27, 2023
DATE

By _____