

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

Dem 8722

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

Amendment (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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1. Statement Covers Calendar Year 2022.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Diane J. Martinez

STREET ADDRESS

CITY STATE ZIP CODE  
Paramount, CA 90723

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(562) 743-3555 Dianejmar@aol.com

OFFICE SOUGHT OR HELD  
Paramount Unified School District School Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Los Angeles, County Member

**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                            | N/A               | 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 the State of California that the foregoing is true and correct.

Executed on 07/26/22 DATE

By. \_\_\_\_\_