Officeholder and Candidate Campaign Statement –							
				Date Stamp	CALIFORNIA	470	
Sh	nort Form	Date of election if applicable:	Amendment (Explain Below)	RECEIVED BY LDS ANGELES COUNT	2112		
		(Month, Day, Year)		LDS ANGELES COUNT	1 0142	338	
	•	,		_ 2023 JUL 31 PM 1: 3	4		
1.	Statement Covers Calendar Year 20 23	•		DISCLOSURE SECTIO	11		
2.	Officeholder or Candidate Information		3. Office Sought or He	eld			
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD				
	Diane Janet Ma	irtinez.	Paramount Uni	fied School District	Governing P	board 1	
		Para	90723 Paramount (ì _M	(IF APPLICABLE)		
	CITY	STATE ZIPCODE	10123 1012mount				
(562) 743-3555 Dian	neimar 2 aol.	om.				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS		*			
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		E OF TREASURER		
	N/A					,	
	11/1						
			•		,		
				,			
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 use						
	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 25 2023	2	. Ву		<u>.</u>		