

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

5127

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

Amendment (Explain Below)

4TW Date Stamp
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diane Benitez

STREET ADDRESS
Rosemead

STATE ZIP CODE
CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 419-6793 dbenitez@rosemead.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Rosemead School District Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LA County

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

Executed on 7/24/23
DATE