

Officeholder and Candidate
Campaign Statement –
Short Form

7/24/24 (1)

5724

Date of election if applicable: (Month, Day, Year) <u>11-08-22</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 JUL 26 PM 3:13 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only <u>021535</u>
			<u>021535</u>

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Sandra Benavides

CITY ARUSA STATE CA ZIP CODE 91702

AREA CODE/DAYTIME PHONE NUMBER 909 297-9953 OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
School Board - Arusa Unified School

JURISDICTION (LOCATION) District Trustee Area 3 DISTRICT NUMBER (IF APPLICABLE) 3

Los Angeles 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
<u>N/A</u>		
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

at I have used

Executed on July 24, 2024 DATE

By -

[Signature]