

RECEIVED BY  
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 CAMPAIGN FINANCE

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Diane Benitez  
 STREET ADDRESS  
 \_\_\_\_\_  
 CITY STATE ZIP CODE  
 Rosemead 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 in contributions and 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 information provided is true and correct.

Executed on 7/18/24 DATE

By \_\_\_\_\_