

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

0218

Date of election if applicable: (Month, Day, Year)  <i>Nov 8, 2022</i>	<input type="checkbox"/> Amendment (Explain Below)  	Date Stamp RECEIVED BY LOS ANGELES COUNTY <i>Sw (4)</i> 2022 SEP -2 PM 2:20 CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 *22*.

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
*Sandra Benavides*

STREET ADDRESS  
*Arusa CA 91702*

CITY STATE ZIP CODE  
*(909) 297-9953*

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

OFFICE SOUGHT OR HELD  
*ARUSA USA TRUSTEE AREA 3*

JURISDICTION (LOCATION)  
 DISTRICT NUMBER (IF APPLICABLE)

**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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that I have used

Executed on *Sept 2, 2022*  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE