

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

(4) DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG -6 AM 9:22 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> For Official Use Only
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Date of election if applicable: (Month, Day, Year)  Nov. 05, 2024	<input type="checkbox"/> <b>Amendment</b> (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jane Diehl

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Redondo Beach Ca 90278

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
310-739-0552 JDiehl9027@msn.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
BeachCitiesHealthDistrict, Member, BoardofDirectors

JURISDICTION (LOCATION) <u>HermosaBeachManhattanBeachRedondoBeach</u>	DISTRICT NUMBER (IF APPLICABLE)
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**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 the State of California that the foregoing is true and correct.

Executed on Aug 4, 2024 DATE By \_\_\_\_\_ ATE \_\_\_\_\_