

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

5724

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY LOS ANGELES COUNTY 7/23/24 2024 JUL 25 PM 12:30 CAMPAIGN FINANCE	
For Official Use Only	
019508	

Date of election if applicable: (Month, Day, Year)  <u>Nov, 5, 2024</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____
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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  
Redondo Beach

STATE  
Ca

ZIP CODE  
90278

AREA CODE/DAYTIME PHONE NUMBER  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Beach Cities Health District Board member

JURISDICTION (LOCATION)  
Hermosa Beach, Manhattan Beach, Redondo Beach

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 \$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 July 22, 2024  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE