

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

Date of election if applicable:
(Month, Day, Year)

N/A

Amendment (Explain Below)

5724

Date Stamp

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8/5/24
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Reyna Diaz

STREET ADDRESS

CITY STATE ZIP CODE

Duarte CA 91010

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

626-242-6289

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Duarte Unified School District Trustee Area 5

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 _____ correct.

Executed on August 5, 2024 DATE

B _____
DR. CANDIDATE