

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

④ DC

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CAMPAIGN FINANCE

CALIFORNIA
FORM
470
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

Diane Martinez
NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS _____

Paramount, CA. 90223
CITY STATE ZIP CODE

(562) 743-3555
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

School Board Member, Paramount Unified School District
OFFICE SOUGHT

11/05/24 Trustee Area 2
DATE OF ELECTION (MONTH, DAY, YEAR) DISTRICT NUMBER (IF APPLICABLE)

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/03/24
(MONTH, DAY, YEAR)