

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

① 7/26/22

Date of election if applicable: (Month, Day, Year) N/A	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470 For Official Use Only
		2022 JUL 28 PM 4: 03	
		CAMPAIGN FINANCE	

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Christian Diaz

STREET ADDRESS

CITY

STATE
CA

ZIP CODE
91732

AREA CODE/DAYTIME PHONE NUMBER
626-482-8439

OPTIONAL: FAX / E-MAIL ADDRESS
diaz.mvsd@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Mountain View School District Governing Board Member

JURISDICTION (LOCATION)
Los Angeles

DISTRICT NUMBER (IF APPLICABLE)
N/A

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
N/A	N/A	N/A

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 7/25/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE