Ca	ficeholder and Candidate impaign Statement – ort Form	Date of the	Detect of the first facility of the				Date Stamp CALIFORNIA FORM 470	
		Date of election if applicable: (Month, Day, Year) 11/8/2022		Amendment (Explain Below)		2022 OCT -3 PM I2: 00 CAMPAIGN FINANCE		
1.	Statement Covers Calendar Year 20	2022						
2.	Officeholder or Candidate Information				Office Sought or Held OFFICE SOUGHT OR HELD Azusa Unfled School District, Governing Board Member, Trustee Area 3			
	NAME OF OFFICEHOLDER OR CANDIDATE							
	Diana Reyes Williams							
	STREET ADDRESS				JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)			
	any	STATE	ZIP CODE	`	Los Angeles County, A	Azusa	3	
		CA	91702					
	Azusa AREA CODE/DAYTIME PHONE NUMBER		FAX / E-MAIL ADDRESS					
	626-484-9120							
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	ER		COMMITTE	E ADDRESS		NAME OF TREASURER	
	n/a							
							J	
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.