

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

(Government Code Section 84206)

Type or print in ink.

7/20/23 ①

SHORT FORM

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 470
		2023 JUL 24 PM 2:12	
		CAMPAIGN FINANCE DISCLOSURE SECTION	

1. Statement Covers Calendar Year 2023.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Diana Craighead

CITY STATE ZIP CODE
Long Beach CA 90815

AREA CODE/DAYTIME PHONE NUMBER
(562) 997-8240

OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LBUSD Governing Board President

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 not receive more than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement that the foregoing is true and correct.

less than \$1,000 during the calendar year of the State of California

Executed on July 19, 2023
DATE

DATE