

Officeholder and Candidate
Campaign Statement –
Short Form

5724

Date of election if applicable: (Month, Day, Year) <p style="text-align: center;">N/A</p>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp RECEIVED BY LOS ANGELES COUNTY 7/23/24 (3) 2024 JUL 25 PM 12:33 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 020928
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE			
Aaron Simental			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
La Puente	CA	91746	
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS	
626-941-5471			

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Governing Board Member, Bassett Unified Sch Dist	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
County of Los Angeles	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
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 07/18/24
DATE

By _____