

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

(Government Code Section 84206)

SHORT FORM

**CALIFORNIA  
FORM 470**

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11/05/2024

**Amendment** (Explain Below)

Date Stamp

E-Filed  
09/25/2024  
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1. Statement Covers Calendar Year 20 24 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Norma Gonzalez

STREET ADDRESS

CITY

STATE

ZIP CODE

La Puente

6264822651

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Bassett Unified- Governing Board Member

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER  
(IF APPLICABLE)

**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 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 09/25/2024  
DATE

By Norma Gonzalez  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Additional Comments  
For Form 470**

ADDITIONAL COMMENTS

**CALIFORNIA FORM 470**

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NAME OF FILER

Norma Gonzalez

I.D. NUMBER

Pending

No Contributions at this time.