

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11/05/24

☐ Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA  
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Norma Olmos

STREET ADDRESS

626.388.8520

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA 91706

ZIP CODE

ngolmos2@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board member

JURISDICTION (LOCATION)

B.P. USD

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 the  
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

calendar year and that I have used

Executed on

08/07/24

DATE

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