Officeholder and Candidate Campaign Statement – Short Form

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

11/05/24

☐ **Amendment** (Explain Below)

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

1. **Statement Covers Calendar Year 20** 24 .

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
Daritza Gonzalez

STREET ADDRESS
[REDACTED]   CA   90755

CITY   STATE   ZIP CODE
[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER   OPTIONAL: FAX / E-MAIL ADDRESS
daritzagonzalez95@gmail.com

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
City Clerk

JURISDICTION (LOCATION)
City of Signal Hill

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
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 a[REDACTED]nd that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State o[REDACTED]

Executed on 08/05/24
DATE

By [REDACTED]

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

☐ **Amendment** (Explain Below)

_____

_____

Date Stamp

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS

CITY   STATE   ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER   OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT   DISTRICT NUMBER
                                                                    (IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

_____

(MONTH, DAY, YEAR)