

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

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

\_\_\_\_\_

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 470</b>
CITY CLERK OFFICE 2015 JUL 29 A 8:03 CITY OF MONTEREY PARK	
For Official Use Only	

1. Statement Covers Calendar Year 20 15.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Joseph Leon

STREET ADDRESS  
1001 DIVING Vista St

CITY STATE ZIP CODE  
Monterey Park CA 91754

AREA CODE/DAYTIME PHONE NUMBER  
(626) 376-6787

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
City Treasurer

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Monterey Park

**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 \$1,000 and that I will spend less than \$1,000 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 07/29/2015 DATE

By Joseph Leon SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form