

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

Date of election if applicable: (Month, Day, Year) <u>March 7, 2017</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY CLERK OFFICE 2017 JAN 24 A 4: 59	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 17

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JOSEPH LEON

STREET ADDRESS
1001 DIVINA VISTA ST CA 91754

CITY STATE ZIP CODE
MONTEREY PARK

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(626) 376-6787

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
<u>N/A</u>		

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 01/23/2017
DATE

By Joseph Leon
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form **Print Form**