

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp CITY CLERK OFFICE 2019 JUL 26 A 7:36	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 19 CITY OF MONTEREY PARK

2. Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE <u>Joseph Leon</u> STREET ADDRESS <u>1001 Divina Vista St CA 91754</u> CITY STATE ZIP CODE <u>Monterey Park CA 91754</u> AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS <u>(626) 376-6787</u>	3. Office Sought or Held OFFICE SOUGHT OR HELD <u>City Treasurer</u> JURISDICTION (LOCATION) <u>Monterey Park</u> DISTRICT NUMBER (IF APPLICABLE)
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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 07/26/2019 DATE

By Joseph Leon SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form