

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

Date Stamp	<b>CALIFORNIA FORM 470</b>
CITY CLERK OFFICE	For Official Use Only
2021 AUG -2 A 8:08	
CITY OF MONTEREY PARK	

<p>Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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1. Statement Covers Calendar Year 20 21

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Joseph LEON

STREET ADDRESS  
MONTEREY PARK

CITY: MONTEREY PARK STATE: CA ZIP CODE: 91754

AREA CODE/DAYTIME PHONE NUMBER: 626 458-9949

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
CITY TREASURER

JURISDICTION (LOCATION)  
MONTEREY PARK

DISTRICT NUMBER (IF APPLICABLE)

**4. Committee Information**

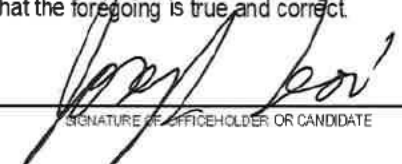
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE	N/A	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 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 08/02/2021 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE