

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp</p> <p>CITY CLERK OFFICE</p> <p>2008 JUL 31 A 9:38</p>	<p>CALIFORNIA FORM 470</p> <p>Official Use Only</p>
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CITY OF MONTEREY PARK

1. Statement Covers Calendar Year 20 08 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Joseph Leon

STREET ADDRESS  
\_\_\_\_\_

CITY  
Monterey Park

STATE  
CA

ZIP CODE  
91754

AREA CODE/DAYTIME PHONE NUMBER  
\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
\_\_\_\_\_

**3. Office Sought or Held**

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

**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 07.30.08  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**  
(Government Code Section 84206)

Type or print in ink.

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 \$1,000 or more or has made expenditures of \$1,000 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 Totalling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made**

\_\_\_\_\_  
(MONTH, DAY, YEAR)

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**  
(Government Code Section 84206)

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FORM 470 SUPPLEMENT

**Amendment** (Explain Below)

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Date Stamp

**CALIFORNIA FORM 470 SUPPLEMENT**

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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 \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made**

(MONTH, DAY, YEAR)

## Instructions for Completing Form 470 Supplement

### When to File:

The notice must be sent within 48-hours of receiving contributions totaling \$1,000 or more or making expenditures of \$1,000 or more.

**Note:** The 48-hour notice requirement is applicable only when the Form 470 is filed with a declaration of candidacy or as a first pre-election statement.

### Method of Delivery:

The notice must be sent by guaranteed overnight delivery service, personal delivery, or fax. Regular mail may not be used.

### Where to File:

- Secretary of State's Office;
- local filing officer with whom the officeholder/candidate is required to file the originals of his/her campaign statements; and
- each candidate seeking the same office.

The Secretary of State's address is:  
Secretary of State  
Political Reform Division  
1500 11th Street, Room 495  
Sacramento, CA 95814  
Fax number: (916) 653-5045

Contact your filing officer for candidate addresses.

### Officeholder/Candidate Information:

Enter the officeholder/candidate's full name, residential or business address and daytime telephone number.

### Office Sought:

- Enter the title of the office sought;
- the district number, if any; and
- the date of the election.

### Date Contributions/Expenditures Were Made or Received:

Enter the date monetary or non-monetary contributions totaling \$1,000 or more (including the candidate's personal funds) were received or the date expenditures of \$1,000 or more were made.

**Amendments:** If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment.