

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

fcg

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

11/8/2022

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
John Bernard de Leon

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Baldwin Park CA 91706

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-806-6512 johnbdeleon@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Baldwin Park USD Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 ct.

Executed on 11/8/2022 11/7/2022
DATE

By [Signature]
DATE