

Officeholder and Candidate
Campaign Statement –
Short Form

5724

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

Amendment (Explain Below)

Date Stamp: 9/11/24
Email RECEIVED
LOS ANGELES COUNTY
2024 SEP 16 PM 4:00
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
026282

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sonia De Leon

STREET ADDRESS
CA

CITY
Paramount

STATE
CA

ZIP CODE
90723

AREA CODE/DAYTIME PHONE NUMBER
(562) 405-2359

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board of Education

JURISDICTION (LOCATION)
Paramount

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
<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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of th _____ calendar year and that I have used

Executed on 9/11/24 DATE By _____