

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

gw (a)

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11-05-2024</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2024 AUG -8 PM 12:09</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Jose De Leon

STREET ADDRESS
Paramount CA 90723

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER
Paramount CA 90723

OPTIONAL FAX / E-MAIL ADDRESS
562 4051074 josedeleon4paramount@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Central Basin Municipal Water District

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)
#1

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 that the information provided is true and correct to the best of my knowledge. I anticipate that I will receive less than \$2,000 in contributions during the calendar year and that I have used the information for the purpose of the campaign statement. I certify under penalty of perjury under the laws of the State of California.

Executed 08-08-24 By _____

DATE DATE OR CANDIDATE