Officeholder and Candidate	RECEIVED BY			TV:
Campaign Statement Form 470 Supplement		☐ Amendment (Explain Below)	2022 OCT -3 AM 9: 3	CALIFORNIA 4 ( )
SEE INSTRUCTIONS ON REVERSE			CAMPAIGN FINANC	For Official Use Only
This form is written notification that the officeholder/candidate made expenditures of \$2,000 or more during the calendar yea		d contributions totaling \$2,000 or more or h	nas	
Officeholder or Candidate Information			,	
NAME OF OFFICEHOLDER OR CANDIDATE				
John Bernard de Leon				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
Baldwin Park	CA	91706		
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS			
(626) 806-6512	johnbdele	eon@gmail.com		
2. Office Sought		,		
OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)			
Governing Board Member, Baldwin Park Unified Sch	ool District	(II AT LIC	nocc,	
DATE OF ELECTION (MONTH, DAY, YEAR)		<b>_</b>		
November 8, 2022				
3. Date Contributions Totaling \$2,000 or More W	ere Received or Dat	te Expenditures of \$2,000 or More	Were Made	
October 3, 2022		•		
(MONTH, DAY, YEAR)				