

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

*EL*

Date of election if applicable:  
(Month, Day, Year)  
11/2/2020

**Amendment** (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp	<b>CALIFORNIA FORM 470</b>
RECEIVED BY <b>LOS ANGELES COUNTY</b>	For Official Use Only
2023 JUL 31 AM 11:29	
<b>CAMPAIGN FINANCE</b>	

1. Statement Covers Calendar Year 20 23.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Elizabeth León

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

CITY STATE ZIP CODE  
Whittier CA 90601

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(562) 544-8379 leoneliz@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Whittier City School District Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Whittier Trustee Area 2

**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 State of California that the foregoing is true and correct.

Executed on July 29, 2023  
DATE

By \_\_\_\_\_  
OFFICEHOLDER OR CANDIDATE