

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

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

LA CANADA FLINTRIDGE
FEB 1 2021 AM 1:35

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Leonard Pieroni III

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
La Canada CA 91011

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED] [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
La Canada Flintridge City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
La Canada, Flintridge 91011

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
Pieroni for City Council 2020 ID Number 1373964	[REDACTED] La Canada, CA 91011	Jeb Long

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 January 30, 2021 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form Print Form