

CANDIDATE STATEMENT FORM - NONPARTISAN OFFICES (Elections Code Sections 13307, 13308, 13311, and 13313) READ INFORMATION ON BACK OF FORM BEFORE SUBMITTING STATEMENT

Page 2 of 4

[BEGIN STATEMENT HERE (1 COLUMN)]

STATEMENT OF:

Cecilia Munoz

CANDIDATE FOR:

Councilmember,

District 3

ELECTION DATE:

November 5, 2024

AGE:

Youth and Family Advocate

OCCUPATION:

West Covina has been my home since 1986, and I dedicate my vocation to ideals implied in service, progress, and collaboration. This statement illustrates the ways I manifest these traits in my work.

Throughout my forty-year career in public service, I have delivered successful collaborative efforts that lead to mutually beneficial outcomes for everyone.

My collaborations with Los Angeles County, San Gabriel, West Covina, and Pomona Valleys to develop Service Planning Area 3 are a testament to this.

As the city's Community and Senior Services Commissioner, I was crucial in refurbishing Friendship and Cortez parks to provide safe outdoor spaces for community enjoyment.

The above summary underscores my leadership role in unifying diverse interests towards a single goal.

[continue STATEMENT HERE (2 COLUMN)]

None of this would have been achievable without my expertise in city budgets, community development, General Plan development, and Federal and State laws.

I am deeply committed to making a positive impact and diligently representing the best interests of District 3 because your needs and concerns are my top priority.

Together, we will advance Service, Progress, and collaboration to elevate positive community engagement for success.

These core values guide my work and our shared vision for West Covina.

THE REST SOUTH

Cecilia Mung 8/8/24

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The estimate is just an approximation of the actual cost that varies from one election to another election and may be significantly more or less than the estimate, depending on number of voter registration, the length and/or format of the statement

submitted, printing cost, and if it is published onlin may, on a pro rata basis, bill the candidate for adactual cost. In the event of underpayment, the elincurred. In the event of overpayment, the election the excess amount paid.	ditional actual expense to or ections official may require	r refund any excess paid depending of the candidate pay to the balance of	on the final of the cost	
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District will bill candidate after the election	n,			
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I have read, understood, and enclosed the pro- read the Candidate Handbook and Resource G printed as indicated: A. Please mark (X) one bo B. Flease mark (x) one bo	uide, and request that m	y statement as shown on pages 2 English & Spanish	2 & 3 be	
Licilia Mor	Wy	8/8/24 Date		
Signature of Candidate 626/633-2182	Signature of Candidate 626/633-2182			
Phone Number (Daytime) Phon	e Number (Evening)	Email Address		
DO NOT PRI	NT THIS STATEMENT IN T	HE EVENT		
There is no opposition to this contest on the initials	e ballot. No	other candidate for this contest files a	statement.	
Verified filing of Declaration of Candidacy and/or Nomination Papers.	Project No.	Candidate No.		
	Total No. of Words:	Total No. of Enhanced Words:		
Pate Election Official	By Elections			