

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

7/31/23 Email  
RECEIVED BY  
LOS ANGELES COUNTY

Date of election if applicable: (Month, Day, Year)  11/8/2022	<input type="checkbox"/> Amendment (Explain Below)	Date of Statement 2023 AUG -3	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gary Burns

STREET ADDRESS

CITY STATE ZIP CODE  
Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818 326 2000 gbmhoa2@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
District Director

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Las Virgenes Municipal Water District #3

**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 ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
N/A		

**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 th

Executed on 7/26/2023 By \_\_\_\_\_  
DATE