Officeholder and Candidate Campaign Statement – Short Form						RECEIVED BY CALIFORNIA FORM 470		
			Date of election if applicable: (Month, Day, Year)		dment (Explain Below)	ANGELES C	OUNTY For Official Use Only	
		11/2/20				- DAMPAIGN FIN	3: 2+ 018977 ANCE	
1.	Statement Covers Calendar Year 20							
2.	. Officeholder or Candidate Information				Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD			
	Leonard E. Polan				Director			
	STREET ADDRESS				JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
			1000		Las Virgenes Munit	ncipal Water District	4	
	CITY	STATE	ZIP CODE					
	Westlake Village	CA	91361					
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL	FAX / E-MAIL ADDRESS					
_	818.968.2900							
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. NUMB	ER	1	COMMITTE	E ADDRESS	1	NAME OF TREASURER	
5.	Verification							
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the				ne f		the calendar year and that I have used prrect.	
	July 21, 2021				_			
	Executed on				В	20	CANDIDATE	