

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)
11/5/2024

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Linda H Menges
CITY Westlake Village 91361
STATE ZIP CODE
AREA CODE/DAYTIME PHONE NUMBER 805-409-5447
OPTIONAL FAX / E-MAIL ADDRESS N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Las Virgenes USD
JURISDICTION (LOCATION)
Board Member
DISTRICT NUMBER (IF APPLICABLE)

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
<u>Linda Menges For Las Virgenes School Board</u>	<u>Westlake Village, CA 91361</u>	<u>Douglas Menges</u>

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 7/15/24
DATE

OFFICEHOLDER OR CANDIDATE