

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

5724

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

 Lesli Stein

STREET ADDRESS

CITY STATE ZIP CODE
 Agoura Hills CA 91301

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 818-991-0055 bruce.j.stein@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

 Governing Board member of Las Virgenes Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Los Angeles, CA _____

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$5,000 in contributions 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 information provided is true and correct.

calendar year and that I have used

Executed on July 19, 2024 DATE

By _____