

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

7/30/24

RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -1 PM 3:12
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11/08/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

| | | | |
|---|--------------------------------|---------------------------------------|---------------------------------|
| 2. Officeholder or Candidate Information | | 3. Office Sought or Held | |
| NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | |
| Gary Burns | | District Director | |
| STREET ADDRESS | | JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE) |
| | | Las Virgenes Municipal Water District | #3 |
| CITY | STATE | ZIP CODE | |
| Calabasas | CA | 91302 | |
| AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS | | |
| 818 326 2000 | garyburns4LVMWD@gmail.com | | |

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 |
|--------------------------------|-------------------|-------------------|
| 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 the State of Ca

Executed on 7/30/2024 By _____