

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

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

11/5/29243

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
07/18/24  
2024 JUL 22 PM 2:14  
CAMPAIGN FINANCE

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Leonard E. Polan

STREET ADDRESS

CITY STATE ZIP CODE  
Westlake Village CA 91361

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818.968.2900

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Director, Las Virgenes Municipal Water District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Las Virgenes Municipal Water District 4

**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
NA	NA	NA

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$5000 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.

Executed on July 18, 2024  
DATE

DATE