

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

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

11/2/2021

☐ Amendment (Explain Below)

8721

Date Stamp	CALIFORNIA FORM 470
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1. Statement Covers Calendar Year 20 \_\_\_\_.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Leonard E. Polan

STREET ADDRESS

CITY

Westlake Village

AREA CODE/DAYTIME PHONE NUMBER

818.968.2900

STATE

CA

ZIP CODE

91361

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

Las Virgenes Munincipal Water District

DISTRICT NUMBER  
(IF APPLICABLE)

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 ID 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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

the calendar year and that I have used correct.

Executed on July 21, 2021

DATE

B

R CANDIDATE

SS