Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)					Date Stamp	CALIFORNIA FORM	470
				Ame	endment (Explain Below)	-2023 J	ECEIVED BY NGELES COUNTY IL 24 PM 2: 12 PAIGN FINANCE	For Official	Ise Only
1.	Statement Covers Calendar Year 20 23		·				OSURE SECTION		
2.	Officeholder or Candidate Information			3	. Office Sought or	Held	200	.E	
	NAME OF OFFICEHOLDER OR CANDIDATE			,	OFFICE SOUGHT OR HELD		4 5		
	Leonard E. Polan				Director		* +1 \$		
	STREET ADDRESS			<u>현 10</u> (개) - 11 연합				DISTRICT NUMBER (IF APPLICABLE)	
	CITY	OTATE	710 0005		Las Virgenes Munir	ncipal Wate	r District	14	
		STATE	ZIP CODE						
	Westalke Village AREA CODE/DAYTIME PHONE NUMBER	CA	91361 FAX/E-MAIL ADDRESS						
1.	Committee Information List all committees of which you have knowledge that are primarily formed to rec COMMITTEE NAME AND I.D. NUMBER				vive contributions or to make expenditures on behalf of your candidacy.				
	NA								
						,			
5.	Verification								
	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws						of during the cale	endar/year and the	it I have used
	Executed onDATE						OLDER OR CANDIDATE		

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