

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

9/29/22 (1)

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp RECEIVED LOS ANGELES CA 2022 OCT -3 AM 11:58 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Gary Burnis

STREET ADDRESS

CITY STATE ZIP CODE
 Calabasas CA 91302

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 818 326 2000 gbmhhoa2@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 District Director

JURISDICTION (LOCATION)
 Las Virgenes Municipal Water District

DISTRICT NUMBER (IF APPLICABLE)
 #3

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 C

Executed on 09/29/2022 DATE

By _____