Officeholder and Candidate Campaign Statement – Short Form						RECEIVED BY CALIFORNIA 470	
		Date of election if applicable: (Month, Day, Year) 11/3/2020		Amendment (Explain Below)		ZO21 JUL 21 PM 3: 22	For Official Use Only
						CAMPAIGN FINANCE	
1.	Statement Covers Calendar Year 20	21			0,000,000		
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE			3.	Office Sought or Held OFFICE SOUGHT OR HELD		
	STREET ADDRESS				Governing Board Member Las Virgenes Unified School JURISDICTION (LOCATION)  Los Angeles/Ventura County		DISTRICT NUMBER (IF APPLICABLE)
	Westlake Village AREA CODE/DAYTIME PHONE NUMBER 818-991-9773		ZIP CODE  91361  FAX / E-MAIL ADDRESS  @lvusd.org				
4.	Committee Information List all committees of which you have knowledge that are primarily formed to receive or				ontributions or to make expenditures on behalf of your candidacy.  COMMITTEE ADDRESS  NAME OF TREASURER		
5.	Verification I declare under penalty of perjury that to the best all reasonable diligence in preparing this statem	st of my knowledge I eent. I certify under p	anticipate that I will benalty of perjury und	receive less to	nan \$2,000 and that I wife the State of California	rill spend less than \$2,000 during the cal that the foregoing is true and correct.	endar year and that I have used
	7/19/2021 Executed on DATE				Ву	FICEHOLDER OR CANDIDATE	