

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

7/20/21 NPS

Date Stamp	<p style="font-size: large; font-weight: bold;">RECEIVED BY LOS ANGELES COUNTY</p> <p style="font-size: large; font-weight: bold;">2021 JUL 21 PM 2:43</p> <p style="font-size: large; font-weight: bold;">CAMPAIGN FINANCE</p>	CALIFORNIA FORM	470
		For Official Use Only	

<p style="font-size: small;">Date of election if applicable: (Month, Day, Year)</p> <hr style="border: 0; border-top: 1px solid black;"/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lesli Stein

STREET ADDRESS

CITY	STATE	ZIP CODE
<u>Agoura Hills</u>	<u>CA</u>	<u>91301</u>

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board member of Las Virgenes Unified School District

JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
<u>Los Angeles, CA</u>	

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

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 California that the information provided is true and correct.

Executed on July 19, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE