

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

7/27/21 (B)

Date of election if applicable:
(Month, Day, Year)
11/18

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA
FORM **470**

For Official Use Only
019497

1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JAY LEWITT

STREET ADDRESS

CITY AGOURA HILLS STATE CA ZIP CODE 91301

AREA CODE/DAYTIME PHONE NUMBER 818 597 9900 OPTIONAL: FAX / E-MAIL ADDRESS jle Witt @lvwd.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director Los Virgenes Municipal Water District

JURISDICTION (LOCATION)
DIVISION 5

DISTRICT NUMBER (IF APPLICABLE)
5

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the _____ and that I have used _____

Executed on 7/26/21
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE