

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

(Government Code Section 84206)

Type or print in ink.

7/29/22 (7) 5722

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">12/07/2018</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2022 AUG -2 PM 12:49</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p>020352</p>
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1. Statement covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lynda Lo-Hill

STREET ADDRESS

CITY

Calabasas

AREA CODE/DAYTIME PHONE NUMBER

818 878-1733

STATE

CA

ZIP CODE

91302

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Las Virgenes Municipal Water District Board of Directors

JURISDICTION (LOCATION)

Calabasas, CA

DISTRICT NUMBER
(IF APPLICABLE)

Division 207

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 \$1,000 and that I will spend less than \$1,000 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 foregoing is true and correct.

Executed on 07/29/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE