

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

5723

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lesli Stein

STREET ADDRESS

CITY

STATE

ZIP CODE

Agoura Hills

CA

91301

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

818-991-0055

bruce.j.stein@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board member of Las Virgenes Unified School District

JURISDICTION (LOCATION)

Los Angeles, CA

DISTRICT NUMBER
(IF APPLICABLE)

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 LD. 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 \$500 in contributions 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 California that the information provided is true and correct.

Executed on July 19, 2023

DATE

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