

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

① 08/08/2024
Date Stamp

CALIFORNIA FORM 470

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2024 AUG 12 PM 3:23

CAMPAIGN FINANCE

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 24

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) 516-2826 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director

JURISDICTION (LOCATION)
Las Virgenes Municipal Water District

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 |
|--------------------------------|-------------------|-------------------|
| <u>N/A</u> | | |

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 foregoing is true and correct.

Executed on August 8, 2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE