

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

96 A-NAM

Date of election if applicable:  
(Month, Day, Year)  
11/5/24

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Randall Levine

STREET ADDRESS

CITY Calabasas STATE CA ZIP CODE 91302

AREA CODE/DAYTIME PHONE NUMBER 818-585-7329 OPTIONAL: FAX / E-MAIL ADDRESS rlevine1959@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Las Virgenes Water District 2

JURISDICTION (LOCATION)

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 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

Executed on 2/12/24  
DATE