

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

7/23/21 (1) 5721

<p>Date of election if applicable: (Month, Day, Year)</p> <p>12/07/2018</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>	<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2021 JUL 26 PM 2:42</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM <b>470</b></p> <p>For Official Use Only</p> <p>020352</p>
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1. Statement Covers Calendar Year 20 21 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Lynda Lo-Hill

STREET ADDRESS

CITY

Calabasas

STATE

CA

ZIP CODE

91302

AREA CODE/DAYTIME PHONE NUMBER

818 878-1733

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 2

**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 laws of the State of

Executed on 07/19/2021  
DATE

By \_\_\_\_\_  
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