Officeholder and Candidate Campaign Statement - Form 470 Supplement	Amendment (Explain Bel	d LOB AN	CENTEURBY GELES COUNTY P 13 PH 3: 02	CALIFORNIA 470 FORM 470
SEE INSTRUCTIONS ON REVERSE		— A MD	AIGN FINANCE	
This form is written notification that the officeholder/candidate listed below has record or has made expenditures of \$2,000 or more during the calendar year.	ceived contributions totaling \$2,00	00 or more	122 EMAIL	
1. Officeholder or Candidate Information				
NAME OF OFFICEHOLDER OR CANDIDATE				
Lesli Stein				
STREET ADDRESS		-		
CITY STATE	ZIP CODE			
Agoura Hills CA				
AREA CODE/DAYTIME PHONE NUMBER OPTIC	DNAL: FAX /E-MAIL ADDRESS			
818-991-1511 bru	ce.j.stein@gmail.com			
2. Office Sought				
OFFICE SOUGHT		DISTRICT NUMBER (IF APPLICABLE)		
Las Virgenes Unified School District Board Member DATE OF ELECTION (MONTH, DAY, YEAR)				
DATE OF ELECTION (MONTH, DAT, TEAR)				
11/8/200				
3. Date Contributions Totaling \$2,000 or More Were Received	ved or Date Expenditure:	s of \$2,000 or N	lore Were Made	
9/1/2022				
(MONTH, DAY, YEAR)				

Clear Form

Print Form

FPPC Form 470/470 Supplement (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov