CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Ε Polan Leonard 1. Office, Agency, or Court Agency Name (Do not use acronyms) Las Virgenes - Triunfo Joint Powers Authority Your Position Division, Board, Department, District, if applicable Director - Las Virgenes Board of Directors ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County Los Angeles/Ventura County of City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2023. -OF-The period covered is January 1, 2023, through the date The period covered is _______ through of leaving office. December 31, 2023. ☐ The period covered is ____ Assuming Office: Date assumed ______ the date of leaving office. _____ and office sought, if different than Part 1;_ Candidate: Date of Election ____ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 91302 4232 Las Virgenes Road Calabasas CA DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (818) 251-2100 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct **Date Signed** Signature he originally signed aper statement with your filing official.) month, day, year)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700 COMMISSION
Name	
Leonard Polan	

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST			
Leonard Polan Architect				
Name	Name			
31755 Bedfordhurst Ct., Westlake Village CA 91361	Address (Business Address Acceptable)			
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one			
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Architectural Services				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$0 - \$1 999	\$0 - \$1,999			
\$2,000 - \$10,000	\$2,000 - \$10,000			
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$100,001 - \$1,000,000			
Over \$1,000,000	Over \$1,000,000			
WATER OF MANAGEMENT	NATURE OF INVESTMENT			
NATURE OF INVESTMENT Partnership Sole Proprietorship	Partnership Sole Proprietorship Gither			
Other				
YOUR BUSINESS POSITION Principal	YOUR BUSINESS POSITION			
≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)			
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000			
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000			
\$1,001 - \$10,000	\$1,001 - \$10,000			
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)			
INCOME OF \$10,000 OR MORE (Attach a separate sheet (f necessary.) None or Names listed below	None or Names listed below			
Notice of Individual Scient				
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR			
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST			
Check one box:	Check one box: INVESTMENT REAL PROPERTY			
☐ INVESTMENT ☐ REAL PROPERTY	I INVESTMENT KEALT KOLEKTI			
C. D. C. L. Fatth, 'E layer broads on	Name of Business Entity, if Investment, or			
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property			
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
S2.000 - \$10.000	\$2,000 - \$10,000			
\$10,001 - \$100,000	\$10,001 - \$100,000 ACQUIRED DISPOSED			
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership			
Leasehold Yrs. remaining Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			
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Comments: __

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)				
Aleshire & Wynder LLP	Metropolitan Water District of Southern California				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
2659 Townsgate Rd., Westlake Village CA 91361	700 N. Alameda, Los Angeles, CA 90012				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Attorneys at Law	Water supplier				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)			
05 09 23 263.68 Dinner at ACWA Conf.	05 17 23 30.04	Meals & snacks			
	05 17 23 11.50	Hat, journal, pen, pin			
\$					
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE (Not an Acronym)			
William Sale Partnership LTD	Metropolitan Water District of Southern California				
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
401 B Street, San Diego, CA 92101	700 N. Alameda, Los Ange				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Consulting Engineers	Water supplier				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)			
03 03 23 290.00 Dinner	11 01 23 35.14	Food & beverage			
/ / \$	11 01 23 11.50	Hat, journal, pen, pin			
	\$				
► NAME OF SOURCE (Not an Acronym) AECOM	► NAME OF SOURCE (Not an Acronyr	m)			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Accept	able)			
300 S. Grand, Los Angeles, CA 90071					
BUSINESS ACTIVITY, IF ANY, OF SOURCE Consulting Engineers	BUSINESS ACTIVITY, IF ANY, OF S	SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)			
03 30 23 160.00 Dinner					
50 / 50 / 20 s Dillion	\$	-			
	//_ \$				
Comments:					