

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 05/08/2025 03:47 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Polan Leonard E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Las Virgenes - Triunfo Joint Powers Authority

Division, Board, Department, District, if applicable

Your Position

Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (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, 2024, through December 31, 2024.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2024.  The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
4232 Las Virgenes Rd Calabasas CA 91302-3589  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 818 ) 968-2900 lpolan@lvmwd.com

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 05/08/2025 03:47 PM  
(month, day, year)

Signature Leonard E Polan  
(File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name

Leonard Polan

▶ NAME OF SOURCE *(Not an Acronym)*  
Aleshire & Wynder, LLP  
 ADDRESS *(Business Address Acceptable)*  
2659 Townsgagte R, S 226  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 24</u>	<u>\$ 174.60</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments: \_\_\_\_\_