

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

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Date Initial Filing Received  
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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 Director - Las Virgenes

▶ 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, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_\_ through December 31, 2023.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2023, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary (required)**

▶ Total number of pages including this cover page: 3

**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 Road Calabasas CA 91302  
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 1/23/24  
(month, day, year)

Signature [Signature]  
(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 Townsgate Rd., Westlake Village CA 91361

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attorneys at Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 09 23</u>	<u>263.68</u>	<u>Dinner at ACWA Conf.</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
William Sale Partnership LTD

ADDRESS (Business Address Acceptable)  
401 B Street, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 03 23</u>	<u>290.00</u>	<u>Dinner</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
AECOM

ADDRESS (Business Address Acceptable)  
300 S. Grand, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 30 23</u>	<u>160.00</u>	<u>Dinner</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)  
700 N. Alameda, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Water supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 17 23</u>	<u>30.04</u>	<u>Meals &amp; snacks</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>05 17 23</u>	<u>11.50</u>	<u>Hat, journal, pen, pin</u>
<u>    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Metropolitan Water District of Southern California

ADDRESS (Business Address Acceptable)  
700 N. Alameda, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Water supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 01 23</u>	<u>35.14</u>	<u>Food &amp; beverage</u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>11 01 23</u>	<u>11.50</u>	<u>Hat, journal, pen, pin</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)
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>
<u>    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_