

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

5722

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

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CALIFORNIA FORM 470
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Robert S. Harris

STREET ADDRESS: _____

CITY: Lancaster STATE: CA ZIP CODE: 93535

AREA CODE/DAYTIME PHONE NUMBER: 661-264-4187

OPTIONAL: FAX / E-MAIL ADDRESS: rharris@wilsona.k12.ca.us

OFFICE SOUGHT OR HELD: Wilsona School Board Member

JURISDICTION (LOCATION): Los Angeles County

DISTRICT NUMBER (IF APPLICABLE): _____

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 California that the foregoing is true and correct.

Executed on 7/17/22 DATE By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE