

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

5721

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED BY LOS ANGELES COUN FE 07/12/2021 2021 JUL 14 PM 3:2 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 008557
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 ROBERT W. LEWIS

STREET ADDRESS

CITY STATE ZIP CODE
 ROWLAND HEIGHTS CA 91748

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 562-697-1726

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 DIRECTOR, DIVISION 4

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 ROWLAND WATER DISTRICT

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 JULY 1, 2021

 DATE

By _____

 SIGNATURE OF OFFICEHOLDER OR CANDIDATE