

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

07/19/2024  
Date Stamp

5724

Date of election if applicable:  
(Month, Day, Year)  
11/03/15

Amendment (Explain Below)

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CAMPAIN FINANCE

CALIFORNIA  
FORM **470**

For Official Use Only

012149

1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH BILES

STREET ADDRESS

CITY

LANCASTER

STATE

CA

ZIP CODE

93534

AREA CODE/DAYTIME PHONE NUMBER

661-609-9779

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

LANCASTER SCHOOL BOARD, AREA 1

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

07/18/24  
DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE