

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

05/18/2024
Date Stamp

5724

CALIFORNIA FORM 470

For Official Use Only

008557

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

Amendment (Explain Below)

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CAMPAIN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Lewis

STREET ADDRESS
Rowland Ave

CITY
Rowland Hills STATE
CA ZIP CODE
91748

AREA CODE/DAYTIME PHONE NUMBER
626 964 0875 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Director DW III Rowland Waters Dist

JURISDICTION (LOCATION)
Los Angeles County DISTRICT NUMBER
(IF APPLICABLE) 4

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 17, 2024 DATE

By _____ SIGNATURE OF OFFICEHOLDER OR CANDIDATE