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7/25/22

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Officeholder and Candidate
Campaign Statement -
Short Form

| | | | |
|--|--|---------------|---|
| Date of election if applicable: (Month, Day, Year) <u>11/03/15</u> | <input type="checkbox"/> Amendment (Explain Below) | CAMPAIGN FINA | CALIFORNIA FORM 470 For Official Use Only <u>012149</u> |
|--|--|---------------|---|

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
KEITH GILES

STREET ADDRESS

CITY LANCASTER STATE CA ZIP CODE 93334

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 information provided is true and correct.

Executed on 07/22/22 DATE By _____ IDATE