

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

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07/21/23
CAMPAIGN FINANCE
DISCLOSURE SECTION

5723

CALIFORNIA
FORM 470

For Official Use Only

021523

Date of election if applicable:
(Month, Day, Year)
11-9-22

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Miller

CITY

Lancaster

AREA CODE/DAYTIME PHONE NUMBER

661-264-2349

STATE

Ca.

ZIP CODE

93535

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

wilsona Unified School Board

JURISDICTION (LOCATION)

Trustee Area 1

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
<u>NONE</u>		

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

Executed on 7-19-23 DATE

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