

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

Date Stamp	CALIFORNIA FORM 470
RECEIVED BY LOS ANGELES COUNTY	For Official Use Only
2023 JUL 21 PM 2: 13	
CAMPAIGN FINANCE DISCLOSURE SECTION	

Date of election if applicable: (Month, Day, Year) 	<input type="checkbox"/> Amendment (Explain Below)
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1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert W. LEWIS

STREET ADDRESS
CA 91748

CITY
626-964-0875

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

JURISDICTION (LOCATION)
ROWLAND WATER

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
<u>NONE</u>		
<u>ZERO Dollars</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 the State of California that the foregoing is true and correct.

Executed on July 19, 2023 DATE

By -

OFFICEHOLDER OR CANDIDATE