

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

0218

Date of election if applicable:
(Month, Day, Year)
11-8-2022

Amendment (Explain Below)

RECEIVED BY
LOS ANGELES COUNTY
2022 AUG 12 AM 10:11
CAMPAIGN FINANCE

CALIFORNIA FORM 470

For Official Use Only
021523

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Robert D. Miller

STREET ADDRESS

CITY

Lancaster Ca. 93535

STATE ZIP CODE

760-713-7359

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Wilsona School Dist. board member

JURISDICTION (LOCATION)

L.A. 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
<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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

I have used

Executed on 8-12-2022
DATE

