

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) _____ _____	RECEIVED BY LOS ANGELES COUNTY 07/19/2021 2021 JUL 21 PM 3:20 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 012149
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH GILES

STREET ADDRESS

CITY

LANCASTER

STATE

CA

ZIP CODE

93534

AREA CODE/DAYTIME PHONE NUMBER

661-609-9779

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

LANCASTER SCHOOL BOARD OF TRUSTEES (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 foregoing is true and correct.

Executed on

07/18/21

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form