Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)  November, 8, 2022	Amendment (Explain Below)	Date Stamp  CALIFORNIA FORM  CALIFORNIA FORM  CALIFORNIA FORM  FOR
1.	Statement Covers Calendar Year 20 22			
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  ROBERT W. LEWIS  STREET ADDRESS  CITY  ROWLAND HEIGHTS  AREA CODE/DAYTIME PHONE NUMBER  626-964-0875	STATE ZIP CODE  CA 91748  OPTIONAL: FAX/E-MAIL ADDRESS  rlewis@RWD.org	3. Office Sought or Held  OFFICE SOUGHT OR HELD  DIRECTOR, DIVISION  JURISDICTION (LOCATION)  ROWLAND WATER D	V 4  DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	nat are primarily formed to rece	eive contributions or to make expendit	ures on behalf of your candidacy.  NAME OF TREASURER
5.	Verification I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I consider the statement of the best of my all reasonable diligence in preparing this statement.			end less than \$2,000 during the calendar year and that I have used the foregoing is true and correct.