

Officeholder and Candidate
Campaign Statement -
Short Form

82

Date of election if applicable:
(Month, Day, Year)

11/18/2022

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
ATM
2022 AUG -9 AM 11:20
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Robert Parke

STREET ADDRESS
Palos Verdes Ca 90274

CITY STATE ZIP CODE
Palos Verdes Ca 90274

AREA CODE/DAYTIME PHONE NUMBER
310 489 6485

OPTIONAL: FAX/E-MAIL ADDRESS
parke38@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Trustee

JURISDICTION (LOCATION)
Palos Verdes Library District

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 9 Aug 2022
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE