

Officeholder and Candidate  
Campaign Statement –  
Short Form

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

11/05/24

Amendment (Explain Below)

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2024 JUL 23 PM 3:38  
CAMPAIGN FINANCE

CALIFORNIA FORM **470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE  
Gregory A. Tepe

STREET ADDRESS  
Lancaster

AREA CODE/DAYTIME PHONE NUMBER  
CA 93536

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD  
Board of Trustees Area #3

JURISDICTION (LOCATION)  
Lancaster School 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 7-23-24  
DATE