

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
		For Official Use Only	

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LOS ANGELES COUNTY
2024 SEP 20 PM 4:27
CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Dennis Lundergan

STREET ADDRESS

CITY

(661) 466-7109

AREA CODE/DAYTIME PHONE NUMBER

CA 93534

STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley High School District Trustee 2

JURISDICTION (LOCATION)

Lancaster

DISTRICT NUMBER
(IF APPLICABLE)

2

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

NA

NA

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

12/18/24

DATE

By

FOR CANDIDATE