

Officeholder and Candidate  
Campaign Statement –  
Short Form

RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE DISCLOSURE SECTION	Date Stamp <b>FILED</b> AUG 23 2023 DEAN C. LOSAN COUNTY CLERK <i>[Signature]</i> CAROL PATE DEPUTY	<b>CALIFORNIA FORM 470</b> For Official Use Only
	Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Gregory A. Tepe

STREET ADDRESS

CITY

Lancaster, CA 93536

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

661-916-4805 tepeg@Lanocsd.org

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Trustees

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
<u>N/A</u>		

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

Executed on

7/31/23

DATE