

**Officeholder and Candidate
Campaign Statement –
Short Form**

SP

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

11/2022

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

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CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Gregg Peterson

STREET ADDRESS

CITY STATE ZIP CODE

Covina ca 91724

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD

governing board member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

charter oak unified school district

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>na</u>	<u>~ / A</u>	<u>~ / 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 of the S

Executed on 8/07/2022 DATE By _____