

Officeholder and Candidate
Campaign Statement –
Short Form

5723

(4) DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JUL 27 PM 12:03 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 470 <small>For Official Use Only</small> 021453
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Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
BERG, CHRISTINE

STREET ADDRESS

CITY LA HABRA HTS. STATE CA ZIP CODE 90631

AREA CODE/DAYTIME PHONE NUMBER 562-818-7785 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
BOARD OF TRUSTEES LOWELL JOINT S.D.

JURISDICTION (LOCATION) ORANGE / LOS ANGELES 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
<u>NA</u>	<u>~~~~~</u>	<u>~~~~~</u>
<u>NA</u>	<u>~~~~~</u>	<u>~~~~~</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct for the calendar year and that I have used

Executed on July 27, 2023 DATE

By _____