

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

5724

(9)nc

<p>Date Stamp</p> <p>RECEIVED BY LOS ANGELES COUNTY</p> <p>2024 JUL 24 PM 12:36</p> <p>CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM <b>470</b></p> <p>For Official Use Only</p> <p>021453</p>
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<p>Date of election if applicable: (Month, Day, Year)</p> <hr/>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/>
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1. Statement Covers Calendar Year 20 24

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Christine Berg

STREET ADDRESS  
Lattabrathts 90631

CITY STATE ZIP CODE  
562 818 - 7785

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

OFFICE SOUGHT OR HELD  
Governing Board Member Lowell Joint School District

JURISDICTION (LOCATION)  
Trustee Area 2

DISTRICT NUMBER (IF APPLICABLE)  
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

**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 July 24, 2024 DATE

By \_\_\_\_\_ CANDIDATE