

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

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

Amendment (Explain Below)

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of the State of California

Date Stamp
JUL 29 2024

CALIFORNIA FORM 470
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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Donna Robert

STREET ADDRESS

424 388-6039
AREA CODE/DAYTIME PHONE NUMBER

Drobert@newhall.sdi.com
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member

JURISDICTION (LOCATION)
In Ranch, CA 91381

DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 7-24-2024
DATE