

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

6-E2

|  |   |  |  |
|--|---|--|--|
| <p>Date of election if applicable:<br/>(Month, Day, Year)</p> <p><u>11/15/24</u></p> | <p><input type="checkbox"/> Amendment (Explain Below)</p> | <p>Date Stamp <u>8/2/24</u></p> <p>RECEIVED BY<br/>LOS ANGELES COUNTY (3)</p> <p>2024 AUG -5 PM 2:59</p> <p>CAMPAIGN FINANCE</p> | <p>CALIFORNIA FORM <b>470</b></p> <p>For Official Use Only</p> <p>018499</p> |
|--|---|--|--|

1. Statement Covers Calendar Year 20 \_\_\_\_.

0 + f 020880

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
DONALD R BERRY

CITY QUARTZ HILL STATE CA ZIP CODE 93536

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

OFFICE SOUGHT OR HELD  
DIRECTOR DIV #5 PALM RONCH

JURISDICTION (LOCATION) OTHER DIST

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>NA</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 State of California that the foregoing is true and correct.

Executed on 8/2/24 DATE

By \_\_\_\_\_