

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

7/28/21 (1)

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

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**
For Official Use Only

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Berger

STREET ADDRESS

CITY STATE ZIP CODE
Newhall CA 91321

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
661-714-6014 mike.berger@canyons.edu

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Santa Clarita Community College District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
County of Los Angeles

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 \$2000 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 California that the information provided is true and correct.

Executed on July 22, 2021
DATE

By _____
OFFICEHOLDER OR CANDIDATE