

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

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

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**Amendment** (Explain Below)

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5/28/21  
RECEIVED BY  
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CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
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018499

1. Statement Covers Calendar Year 20 21

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Don Berry

STREET ADDRESS

CITY Quartz Hill STATE Ca ZIP CODE 93536

AREA CODE/DAYTIME PHONE NUMBER 661-943-4042 OPTIONAL: FAX/E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
board member district # 5

JURISDICTION (LOCATION) Palm Ranch Irrigation district

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
N/A		

**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 5-27-2021  
DATE

By \_\_\_\_\_

Clear Form

Print Form

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