Officeholder and Candidate Campaign Statement – Short Form						Date Stamp RECEIVED BY	CALIFORNIA 470		
		Date of election if applicable: (Month, Day, Year)		Amendment (Explain Below)		. {	ANGELES COUNTY	For Official Use Only	
						C	AMPAIGN FINANCE	017482	
1. Statem	ent Covers Calendar Year 20 22								
Officeh	nolder or Candidate Information			3.	. Office Sought or	r Held	,		
NAME OF C	OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD				
Michae					Santa Clarita Com		College District	Internet in the second	
STREET AD	DRESS				JURISDICTION (LOCATION) County of Los Ang			DISTRICT NUMBER (IF APPLICABLE)	
CITY		STATE	ZIP CODE			·			
Newhal	1	CA	91321						
AREA CODE	E/DAYTIME PHONE NUMBER		FAX / E-MAIL ADDRESS						
661-714	4-6014	mike.be	rger@canyons.edu						
	Committee Information ist all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.								
Liot dire	COMMITTEE NAME AND I.D. NUMBER				EE ADDRESS		NAME OF TREASURER		
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5. Verification									
l declare all reaso	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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foredaine is true and correct.								
•	Executed on								
Executed					Ву		SIGNATURE OF DEFICEHOLDER OR CANDIDATE		
								~~\	