

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

Date of election if applicable: (Month, Day, Year) _____ _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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Date Stamp RECEIVED BY LOS ANGELES COU 2021 SEP 27 PM 2:09 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Charlene Tabet

STREET ADDRESS

CITY STATE ZIP CODE
Burbank CA 91505

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818-468-6066 C_Tabet@Yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member, Burbank Unified School District

JURISDICTION (LOCATION) <u>County of Los Angeles</u>	DISTRICT NUMBER (IF APPLICABLE)
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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 Charlene Tabet Sept. 7, 2021 By _____
DATE SIGNATURE OF OFFICEHOLDER OR CANDIDATE