

Officeholder and Candidate Campaign Statement - Short Form

8

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

Amendment (Explain Below)

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CALIFORNIA FORM 470 For Official Use Only 020409

1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Armond Aghakhanian; STREET ADDRESS; CITY: Burbank; STATE: CA; ZIP CODE: 91506; AREA CODE/DAYTIME PHONE NUMBER: 818 640 9797; OPTIONAL: FAX / E-MAIL ADDRESS: armond1915@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Burbank Unified School District Board of Education; JURISDICTION (LOCATION): County of Los Angeles; 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.

Table with 3 columns: 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.

Executed on 7/31/2021 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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