

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

la

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

11/08/2022

Amendment (Explain Below)

4DC Date Stamp
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CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22 .

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
818-469-6066 c_tabet@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member, Burbank Unified School 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 \$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 8-4-2022 DATE