

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

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

Amendment (Explain Below)

Date Stamp
8/9/23 CD

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CAMPAIGN FINANCE
DISCLOSURE SECTION

5723
**CALIFORNIA
FORM 470**

For Official Use Only

020589

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Emily Weisberg

STREET ADDRESS

CITY

Burbank

AREA CODE/DAYTIME PHONE NUMBER

818-749-6056

STATE ZIP CODE

CA 91505

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board Member

JURISDICTION (LOCATION)

Burbank Unified

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

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 law

Executed on August 8, 2023
DATE

By _____

Clear Form

Print Form