

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

8723

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
③ 8/8/23
2023 AUG 10 AM 11:09
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 470
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020409

1. Statement Covers Calendar Year 20 23.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Armond Aglukharian

STREET ADDRESS

CITY Burbank STATE CA ZIP CODE 91506

AREA CODE/DAYTIME PHONE NUMBER 818 6409797 OPTIONAL: FAX / E-MAIL ADDRESS Armond1915@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
1 School Board

JURISDICTION (LOCATION)
Burbank

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

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 8/8/2023 DATE

By _____ CANDIDATE