

0218

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)
11-8-22

Amendment (Explain Below)

4DC Date Stamp RECEIVED BY LOS ANGELES COUNTY
 2022 SEP 16 PM 3:06
 CAMPAIGN FINANCE

CALIFORNIA FORM 470
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 021499

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Morgan

STREET ADDRESS
Burbank, CA 91506

CITY
Burbank, CA STATE CA ZIP CODE 91506

AREA CODE/DAYTIME PHONE NUMBER
909-778-2035 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
School Board (Burbank)

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 9-16-22 DATE

By _____

OFFICEHOLDER OR CANDIDATE

Handwritten initials and checkmark