

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

5722

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

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Armond Aghakhanian

STREET ADDRESS

CITY

Burbank

AREA CODE/DAYTIME PHONE NUMBER

818 640 9797

STATE ZIP CODE

CA 91506

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.

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 8/23/2022
DATE

By _____
OFFICEHOLDER OR CANDIDATE