

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)

Date Stamp <b>RECEIVED</b> LOS ANGELES COUNTY 2024 SEP 16 PM 4:01 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 470</b> <small>For Official Use Only</small>
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1. Statement Covers Calendar Year 20 24 .

**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	
818 468-6066		

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD	
School Board Trustee	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Burbank Unified School District	3

**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
NA	NA	NA
NA	NA	NA

**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 9/11/2024  
DATE