

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

(9)DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2024 AUG -8 PM 4: 20 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only N? 021822
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Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 2024.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE
THOMAS G. CROWTHER

CITY STATE ZIP CODE
Burbank, CA 91505

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
818 482 5166 _____

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD
Burbank Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles, CA 1

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 law

Executed on 8/8/2024 DATE