

Officeholder and Candidate Campaign Statement – Short Form

(Government Code Section 84206)

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date Stamp

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08/03/2020
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Date of election if applicable:
(Month, Day, Year)

11/03/2020

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Darin Shea

STREET ADDRESS

CITY

Burbank

AREA CODE/DAYTIME PHONE NUMBER

(501) 240-8258

STATE

CA

ZIP CODE

91501

OPTIONAL: FAX / E-MAIL ADDRESS

darin.sheal@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City of Burbank Treasurer

JURISDICTION (LOCATION)

City of 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 08/03/2020
DATE

By Darin Shea
SIGNATURE OF OFFICEHOLDER OR CANDIDATE