

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

Date of election if applicable: (Month, Day, Year) 11/03/2020	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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RECEIVED 2020 AUG 21 PM 1:08 CITY OF BURBANK CITY CLERK'S OFFICE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Krystle Palmer

STREET ADDRESS
 [REDACTED]

CITY STATE ZIP CODE
 Burbank CA 91505

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 [REDACTED] [REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 City Treasurer

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 City of Burbank

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
Krystle Palmer for Burbank City Treasurer 2020 #1427247	[REDACTED] Burbank, CA 91505	Krystle Palmer

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 08/10/2020
 DATE

By _____
 [REDACTED]

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

RECEIVED

Amendment (Explain Below)

Date Stamp
2020 AUG 21 PM 1: 0
CITY OF BURBANK
CITY CLERK'S OFFICE

CALIFORNIA FORM 470 SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Krystle Palmer

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Burbank

CA

91505

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

[REDACTED]

2. Office Sought

OFFICE SOUGHT

City Treasurer

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

City of Burbank

3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

07/22/2020

(MONTH, DAY, YEAR)