Recipient Committee Campaign Statement Cover Page TOTAL COVER PAGE

CALIFORNIA 460
FORM

Page 1 of 13

2024 AUG - I FORM ON PAGE

CAMPA GN FINANCE

SEI	E INSTRUCTIONS ON REVERSE	Statement covers period 1/1/2024 through6/30/2024	Date of election if applicable: (Month, Day, Year)		24 AUG - 1 AMPA GN	ge 1 of 13 FINANCE CIOS
1.	Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6)  rimarily Formed Candidate/ Officeholder Committee So Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Terminatio ☐ Amendment (Explain below)	Ì	Quarterly S Special Od	Statement d-Year Report
3.		NUMBER 390574	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Sahakian Glendale School Board Area D 2022 (	Officeholder Account	Shant Sahakian MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
			Glendale	CA	91206	(818) 482-9858
	Glendale STATE ZIP COR		NAME OF ASSISTANT TREASURER, IF ANY			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
	Glendale STATE ZIP COL		СПУ	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	(0.070.0.0.0	OPTIONAL: FAX / E-MAIL ADDRESS			
4.	Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of the Sta				ched schedules	s is true and complete. I
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measu	ire Proponent		
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measu	re Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FC	ORN ORM	IA Z	160					
Page _	2	_ of _	13_					

5.	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	ot Measure Commi	ttee				
Ī	NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE		-				
	Shant Sahakian									
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)	•	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT			
	Glendale School Board Area D						OPPOSE			
i	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	y STATE ZIP	-	Identify the controlling office	ficeholder, candidate, or state measure proponent, if any.					
	dioridan	, 07, 01, 200	-	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT						
	Related Committees Not Included in this State and included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	O. IF ANY			
	contributions or make expenditures on benail of your candi	dacy.								
Ö	COMMITTEE NAME	I.D. NUMBER	-							
i	NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7.	<ul> <li>Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>	didate/Officeholder	Committee	List names of			
		☐ YES ☐ NO				e is primarily for				
č	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	x)	•	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE			
ī	CITY STATE ZIP CO	DE AREA CODE/PHONE	-	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE			
	COMMITTEE NAME	1.D. NUMBER	=							
			_	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE			
i	NAME OF TREASURER	CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT			
,		YES NO	-				OPPOSE			
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	x)								
7	CITY STATE ZIP CO	DE AREA CODE/PHONE	-	Atta	ch continuation sheets	if necessary				

## Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

See Instructions on Reverse NAME OF FILER Scholing Cleadele School Board Area D 2000 Officeholder Account	to whole dollars.		State	ment covers period 1/1/2024 6/30/2024	CALIFORNIA FORM  Page 3 0	460 f <sup>13</sup> _
Sahakian Glendale School Board Area D 2022 Officeholder Account					1390574	
Contributions Received	COLUMN A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)	Column CALENDAR Y TOTAL TO D	ÆAR	Calendar Year Sum Running in Both th General Elections		

Contributions Received	. (1	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	500.00	\$	500.00	General Elections
2. Loans Received		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		500.00	\$	500.00	20. Contributions Received \$\$,
4. Nonmonetary Contributions		0.00	•	0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4		500.00	\$	500.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	119.41	\$	119.41	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	00 Communication Forman difference Mandat
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	119.41	\$	119.41	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	119.41	\$	119.41	<i>!</i>
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B,	
13. Cash Receipts		500.00		d amounts in Column the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		119.41		our last report. Some ounts in Column A may	1
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	380.59	be	negative figures that	
If this is a termination statement, Line 16 must be zero.	_		pre	ould be subtracted from vious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00	ani)	· ·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Jan/2016
•					FPPC Advice: advice@fppc.ca.gov (866/275-3772
					www.fppc.ca.go

Schedule			whole dollars.			SCHEDULE
Monetary	Contributions Received		mole dollaro	Statement cov	rers period /2024	ALIFORNIA 460
			• •	from	2024	FORM TOO
SEE INSTRUCTION	NS ON REVERSE			through6/3	80/2024	Page 4 of 13
NAME OF FILER	NO OTTEVENOE					D. NUMBER
Sahakian (	Glendale School Board Area D 2022 Officeholder A	ccount	<u></u>	<u> </u>	13	390574
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
1/2/2024	Shant Sahakian Glendale, CA 91206	☑IND □COM □OTH □PTY □SCC	Executive Director Armenian American Museum	\$500.00	\$500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				·
			SUBTOTAL	\$ 500.00		
Schedule /	A Summary				*Contribu	tor Codes
1. Amount re	ceived this period – itemized monetary contributions I Schedule A subtotals.)		\$	500.00	IND - Ind COM - R	lividual ecipient Committee
•	ceived this period – unitemized monetary contribution			0.00	OTH-Ò	other than PTY or SCC) ther (e.g., business entity) olitical Party
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	I.)TOTAL \$	500.00		mail Contributor Committee

_		Ar.	mounts may be ro	winded				SCHE	EDULE B - PART 1
	dule B – Part 1		to whole dollars			Statement cov	-	CALIFORN	NA 460
Loan	s Received					from1/1/2	/2024	FORM	-100
	TO STILL ON DEVEROR					through 6/3	30/2024	Page 5	of13_
NAME OF	FFILER	· · · · · · · · · · · · · · · · · · ·	· · · · ·		<u>_</u>	tinough		I.D. NUMBER	· OI
Sahaki	ian Glendale School Board Area D	D 2022 Officeholder Accoun	<b>.</b>		·			1390574	
	NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
N/A					☐ PAID				CALENDAR YEAR
					\$	_   \$	% RATE	\$	\$ PER ELECTION**
		2.1			FORGIVEN				PER ELECTION
† IND	□ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	. \$
					PAID				CALENDAR YEAR
		·			\$	_   \$	% RATE	\$	\$PER ELECTION ***
					FORGIVEN				PER ELECTION
<sup>†</sup> □ IND	COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
			1		☐ PAID				CALENDAR YEAR
					\$	_   \$	% RATE	\$	\$
		] ·			FORGIVEN				PER ELECTION**
†□ IND	□ COM □ OTH □ PTY □ SCC		\$		. \$	DATE DUE	\$	DATE INCURRED	\$
			SUBTOTALS \$	\$ 0.00 \$	\$ 0.00	0 \$ 0.00	\$ 0.00		
Scher	dule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loai	ans received this period		,		\$	0.00_			
(Tota	tal Column (b) plus unitemized loa	ns of less than \$100.)	•				1	Contributor Codes	j
	ans paid or forgiven this period				\$	0.00		ND – Individual OM – Recipient Co	
(lnc	tal Column (c) plus loans under \$1 clude loans paid by a third party the	at are also itemized on Sche	edule A.)				· O'	other than F) TH – Other (e.g., b)	PTY or SCC) business entity)

\*Amounts forgiven or paid by another party also must be reported on Schedule A. 
\*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

(May be a negative number)

PTY – Political Party SCC – Small Contributor Committee

	dule B – Part 2 Guarantors		Amounts may be rounded to whole dollars.		Statemo	ent covers period 1/1/2024	CALIFOR FORM	
SEE INST	TRUCTIONS ON REVERSE				through	6/30/2024	Page6	of13
NAME OF		2022 Officeholder	Account				I.D. NUMBER 1390574	
	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
N/A		□IND □COM □OTH		LENDER			\$PER ELECTION	
<del>.</del>		□PTY □scc	· · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			(IF REQUIRED)	
	•	□IND □COM □OTH		LENDER			\$PER ELECTION (IF REQUIRED)	
		□PTY □scc	٠.				\$	
		□ IND □ COM		LENDER			\$	
		□ OTH □ PTY □ SCC		DATE	·	·:	PER ELECTION (IF REQUIRED)	
	<del></del>	□ IND		LENDER			CALENDAR YEAR	
		□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	<del></del>			SÚE	STOTAL \$	0.00	Enter on . Summary Page,	

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.				Statement covers period			SCHEDULE CALIFORNIA 160		
	· · · · · · · · · · · · · · · · · · ·				from	1/1/202	4		ornia 460		
	IONS ON REVERSE				throu	ıgh 6/30/20	)24	Page	7 of 13		
IAME OF FILER								I.D. NUME	BER		
Sahakian	Glendale School Board Area D 2022 Office	eholder Accou	unt					139057	<b>'</b> 4		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA' CALENDA (JAN 1 - I	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
	N/A	□IND □COM □OTH □PTY □SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC									
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0.00					
1. Amount r	C Summary received this period – itemized nonmonetar	y contribution	s.			0.00	IND -	tributor Cod			
•	all Schedule C subtotals.)					0.00	_	(other th	nt Committee an PTY or SCC)		
3. Total non	eceived this period – unitemized nonmone monetary contributions received this period as 1 and 2. Enter here and on the Summary	i.				0.00	PTY -	- Political F	g., business entity) Party entributor Committee		

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ummary of Expenditures upporting/Opposing Other andidates, Measures and Committees	Amounts may be to whole do		Statement cover		CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE AME OF FILER Sahakian Glendale School Board Area D 2022 Officeholder A	Account	·	through 6/30		Page 8 of  I.D. NUMBER  1390574	<u>13</u>	
DATE  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	YEAR TO DAT	TE	
N/A  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure						
	· · · · · · ·	SUBTOTAL	\$ 0.00	and the same of th			

							SCHEDULE E		
Schedule E	Amounts may b			Sta	tement covers period	CALIFOR	RNIA 460		
Payments Made				from _	1/1/2024	FORM	400		
OFF INCTRICTIONS ON DEVELOR				throug	h6/30/2024	Page 9	of13		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER	_					I.D. NUMBER			
Sahakian Glendale School Board Area D 2022 Officeholde	er Account					1390574			
CODES: If one of the following codes accurately describes	s the payment, yo	ou may er	nter the code.	Otherwise, de	scribe the payment.				
CMP campaign paraphernalia/misc.	MBR member com				RAD radio airtime and production costs				
CNS campaign consultants MTG meetings and appeal CTB contribution (explain nonmonetary)* OFC office expenses			es		tumed contributions ampaign workers' salaries				
CVC civic donations	PET petition circulating				or cable airtime and prod				
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and s		ch		andidate travel, lodging, an aff/spouse travel, lodging, a				
IND independent expenditure supporting/opposing others (explain)*	POS postage, deli	very and me	ssenger services	TSF tra	ansfer between committees		andidate/sponsor		
LEG legal defense LIT campaign literature and mailings	PRO professional: PRT print ads	services (leg	al, accounting)		oter registration formation technology costs	(internet, e-ma	uil)		
Campaign moratio and mainings						1	<u></u>		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT	1	AMOUNT PAID		
N/A									
						-			
* Payments that are contributions or independent expenditures must also be	e summanzed on Sche	dule D.			SU	IBTOTAL \$	0.00		
Schedule E Summary									
Itemized payments made this period. (Include all Schedule)	e E subtotals.)					\$	0.00		
Unitemized payments made this period of under \$100							119.41		
							0.00		
3. Total interest paid this period on loans. (Enter amount from	n ochequie B, Par	ı i, Colum	ш ( <i>е).)</i>			⊅			

119.41

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover	ers period CA 2024	LIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE			through6/30	0/2024 Pa	ge10of13
NAME OF FILER				I.D.	NUMBER
Sahakian Glendale School Board Area D 2022 Officeholde	er Account			139	90574
CODES: If one of the following codes accurately describe  CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, you may  MBR member communicatio  MTG meetings and appearan  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and n  PRO professional services (I  PRT print ads	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions (ers' salaries time and production cel, lodging, and meals avel, lodging, and measen committees of the son	ils same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
N/A					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	\$ 0.00	0.00	\$ 0.00
Schedule F Summary			-		
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and accrued expenses.)	chedule F, Column (b) sub accrued expenses under \$	ototals for 6100.)	INCL	JRRED TOTALS	0.00
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized  </li></ol>	edule F, Column (c) subtoto payments on accrued expe	als for payments on enses under \$100.)		PAID TOTALS	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			NET 9	0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amoui to	nts may be rou whole dollars		Sta from	atement covers period 1/1/2024	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				throu	gh6/30/2024	- Page11	_ of
NAME OF FILER						I.D. NUMBER	
Sahakian Glendale School Board Area D 2022 Officeholde  NAME OF AGENT OR INDEPENDENT CONTRACTOR	r Account					1390574	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office experiments PET petition circles PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunications and appearance anses culating as survey researce elivery and mes al services (legal	s ch senger services	RAD ra RFD ra SAL ca TEL ta TRC ca TRS st TSF tr VOT vo	describe the payment adio airtime and production sturned contributions ampaign workers' salaries or cable airtime and production and date travel, lodging, an aff/spouse travel, lodging, ansfer between committees other registration formation technology costs	costs duction costs d meals and meals s of the same can	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE OF	₹	DESCRIPTION C	PF PAYMENT		AMOUNT PAID
N/A							
	-						

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

TOTAL\* \$

0.00

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from1/1/2024		CALIFORNIA 460	
					through 6/3	30/2024	Page 12	of_13
EE INSTRUCTIONS ON REVERSE				tinough		I.D. NUMBER		
Sahakian Glendale School Board Area I	2022 Officeholder Accour	nt					1390574	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	REPAYMENT OF FORGIVENES	S CLOSE OF THIS	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A				PAID  FORGIVEN	.   s	RATE	\$	\$ PER ELECTION*
		\$	s	\$	DATE DUE	s	DATE INCURRED	\$
				PAID  \$IFORGIVEN	.   1	RATE %	\$	S PER ELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$ 0.00	\$ 0.0	0.00	\$ 0.00		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary						0.00		
Loans made this period (Total Column (b) plus unitemized loar	s of less than \$100.)	••••••			3	0.00	- [	**If Required
Payments received on loans  (Total Column (c) plus unitemized pay	ments of less than \$100.)				\$	0.00	_	
Net change this period. (Subtract Line (Enter the net here and on the Summa)	2 from Line 1.)nry Page, Column A, Line 7.	.)			NET \$	0.00 fay be a negative number	_	

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2024 through 6/30/2024	CALIFORNIA 460 FORM Page 13 of 13	
Sahakian Gl	endale School Board Area D 2022 Officeholder Acco	ount		1.D. NUMBER 1390574	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	E	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	N/A				
	itional information on appropriately labeled continuation sho	eets.	SUBTOTAL :	\$ 0.00	
1. Itemized in	creases to cash this period				
2. Unitemized	d increases to cash of under \$100 this period				
3. Total of all	interest received this period on loans made to others	. (Schedule H, Column (e).)	\$0.00		
	ellaneous increases to cash this period. (Add Lines 1		TOTAL \$ 0.00		