Cover Page			LOS ANGELES C
SEE INSTRUCTIONS ON REVERSE	Statement covers period. from04/24/2022 through05/21/2022	Date of election if applicable: (Month, Day, Year) 06/07/2022	Page 1 of U 3: 34 or Official Use Only CAMPAIGN FINANCE
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)
3. Committee Information	I.D. NUMBER 1442788	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER	
Davis for College Board, Area 4 2022		Yvette Vartanian Davis	
		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
		Glendale	CA 91207
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	
Glendale CA 913	207		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS	
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS
A. Mariffrancisco			
Verification I have used all reasonable diligence in preparing and revie	wing this statement and to the best of my k	nowledge the information contained	herein and in the attached schedules is true and complete. I
certify under penalty of perjury under the laws of the State	-		
Executed on05/25/2022	Ву		
Executed on	BySignature of Contro	illing	cer of Sponsor
Executed on	Ву	gnature of Controlling Officeholder, Candidate, \$	•

Recipient Committee

Executed on ___

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
Page 2	of_4

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballo	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Yvette Vartanian Davis							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT	
Glendale College Board of Trustees: Glendale, Area 4						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP						
	Glendale CA 91207	Identify the controlling officeholder, candidate, or state measure propor			oponent, if any.		
	-		NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	PROPONENT		
Related Committees Not Included in this S	tatament: //						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
		7	. Primarily Formed Can	didate/Offic	eholder Committee	Liet names of	
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(s) for which this	committee is primarily for	med.	
	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	ID T	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)		NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE SOUGHT ON HE	SUPPORT OPPOSE	
CITY STATE ZIF	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE		
						SUPPORT	
COMMITTEE NAME	1.D. NUMBER				<u> </u>	OPPOSE	
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT	
						☐ OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT	
	YES NO					☐ SOPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	D. BOX)					LI OFFOSE	
CITY STATE ZIE	P CODE AREA CODE/PHONE		Atta	ach continuati	ion sheets if necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 04/24/2022	california 460
through <u>05/21/2022</u>	Page _3 of _4
	I.D. NUMBER
	1442788

Davis for College Board Area 4		·	1442788
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0	Column B CALENDAR YEAR TOTAL TO DATE \$ 500.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date
 Loans Received	\$\frac{0}{0} \$\frac{0}{0}	\$\frac{6,500.00}{7,000.00}\$ \$\frac{7,000.00}{0}\$	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	0	\$\frac{776.73}{0} \$\frac{776.73}{0} \frac{0}{0} \$\frac{0}{776.63}	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{6.223.27}{0}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>6,500.00</u>	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 1	Amounts may be rounded to whole dollars.			Statement covers period Statement covers period				
Loans Received						24/22	california 460	
SEE INSTRUCTIONS ON REVERSE					through	/21/22	Page	of4
NAME OF FILER							I.D. NUMBER	
Davis for College Board Area 4 2022							1442788	
FULL 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 PAI OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION TO DATE
Yvette V. Davis Glendale CA 91207	Accountant, The Counting House LLC			PAID S 0 FORGIVEN	s <u>500</u>	O %	s_500	s 6500
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$500.00	s	s O	12/2/22 DATE DUE	s0	01/07/22 DATE INCURRED	s 6500
Yvette V. Davis Glendale CA 91207	Yvette V. Davis Glendale CA 91207			□ PAID \$ 0 □ FORGIVEN	s <u>2000</u>	0 %	s_2000	s 6500
[†] ☑IND □ COM □ OTH □ PTY □ SCC		2,000.00	s	0 s	12/2/22 DATE DUE	ş <u> </u>	01/28/22 DATE INCURRED	s 6500
Yvette V. Davis Glendale CA 91207	Yvette V. Davis Glendale CA 91207			s_0	s 3500	0	s_3500	s 6500
[†] ☑IND □ COM □ OTH □ PTY □ SCC		3,500.00	0	FORGIVEN \$	12/02/22 DATE DUE	s	3/6/22 DATE INCURRED	PER ELECTION \$ 6500
	S	UBTOTALS S	, 0 ;	\$ 0	\$ 6,500.00	\$ ₀		
Schedule B Summary						(Enter (e) on Sci	nedule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loan				\$	0			
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	0		†Contributor Codes IND – Individual COM – Recipient C (other than	

(May be a negative number)

*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

PTY - Political Party

(other than PTY or SCC) OTH -- Other (e.g., business entity)

SCC - Small Contributor Committee