Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 4/24/2022	Date of election if applicable: (Month, Day, Year)	MAY 31 AM II:	Page1 of13  5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through5/21/2022	6/7/2022		
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		202
<ul> <li>✓ Officeholder, Candidate Controlled Committee</li> <li>○ State Candidate Election Committee</li> <li>○ Recall         (Alto Complete Part 5)</li> <li>☐ General Purpose Committee</li> <li>○ Sponsored</li> <li>○ Small Contributor Committee</li> <li>○ Political Party/Central Committee</li> </ul>	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 Termination)  Amendment (Explain below)	☐ Spotation)	arterly Statement 22 ANGELES COU
3. Committee Information	I.D. NUMBER 1390574	Treasurer(s)		28 AT
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		. "
Shant Sahakian for Glendale School Board	2022	Shant Sahakian MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		Glendale	STATE ZIP C	206 (818) 482-9858
	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A		
	1206 (818) 482-9858			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	BOX	MAILING ADDRESS		
CITY STATE Z	IP CODE AREA CODE/PHONE	CITY	STATE ZIP (	CODE AREA CODE/PHONE
Glendale CA 9	1226 (818) 570-7736			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and re- certify under penalty of perjury under the laws of the Sta			in and in the attached s	chedules is true and complete. I
5/26/2022 Date	Ву	Sig		
Executed on	BySignature of Cont	trolling Officeholder, Candidate, State Measure Proponen	nt or Responsible Officer of Spo	nsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State M	leasure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Condidate State M	leasure Proponent	

## Recipient Committee Campaign Statement Cover Page — Part 2

CALI	FORN DRM	IIA Z	160	1
Page _	2	_ of _	13	000

		-	Primarily Formed Ball				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Shant Sahakian							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	TON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Glendale School Board District D							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ID STREET) CITY STATE ZIP						
	Glendale, CA 91206		Identify the controlling office	ceholder, cand	didate, or state	measure propo	onent, if any.
	Gieridale, OA 91200		NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Polated Committees Not Include	ed in this Statement: List any committees						
not included in this statement that are con	trolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
contributions or make expenditures on be	half of your candidacy.						
COMMITTEE NAME	I.D. NUMBER						
		7	Drimarily Formed Car	didata/Offi	coholder Co	mmittag 11	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(	didate/Offices) for which this	ceholder Co	primarily formed	t names of
	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(	s) for which thi	ls committee is	primarily formed	t names of d.
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADD		7.	Primarily Formed Car officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	s) for which thi	ls committee is	primarily former	t names of
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	7.	officeholder(s) or candidate(	s) for which thi	ls committee is	primarily formed	<i>f.</i>
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	7.	officeholder(s) or candidate(	s) for which thi	OFFICE SOL	primarily formed	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	YES NO	7.	officeholder(s) or candidate(	s) for which thi	OFFICE SOL	primarily formed	SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADD	YES NO	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOL	PRIMARILY FORMER  OGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE	7.	officeholder(s) or candidate(	CANDIDATE  CANDIDATE	OFFICE SOL	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADD	TYES NO  PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE	OFFICE SOL	PRIMARILY FORMER  OGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	PRIMARILY FORMER  OGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  COMMITTEE NAME  COMMITTEE NAME	PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JOHT OR HELD JOHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD CITY  COMMITTEE NAME  NAME OF TREASURER	PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JOHT OR HELD JOHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADD CITY  COMMITTEE NAME  NAME OF TREASURER	PRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	7.	NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR  NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JOHT OR HELD JOHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 4/24/2022 from of\_\_\_13 5/21/2022 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Shant Sahakian for Glendale School Board 2022 1390574

Contributions Received	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
Monetary Contributions	\$ 300.00	13,215.00	General Elections
2. Loans Received	0.00	0.00	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 300.00	\$ 13,215.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	0.00	0.00	21 Evpanditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$300.00	\$ 13,215.00	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 7,392.66	\$8,081.49	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$7,392.66	\$8,081.49	(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	\$7,392.66	\$8,081.49	\$
Current Cash Statement			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B.	
13. Cash Receipts Column A, Line 3 above	300.00	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	7,392.66	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$5,133.51	be negative figures that should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	<ul> <li>this is the first report being filed for this calendar year, only carry over the amounts</li> </ul>	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$	unij/.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00		FPPC Form 460 (Jan/20: FPPC Advice: advice@fppc.ca.gov (866/275-37: www.fppc.ca.s

www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	from	/2022	CALIFORNIA 46		
SEE INSTRUCTION	ONS ON REVERSE			through5/2	1/2022	Page _	4 of 13	
NAME OF FILER	nakian for Glendale School Board 2022					1.D. NUN 139057		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
5/2/2022	Los Angeles County Democratic Party FPPC ID 1237135 , LA, CA 90017	□IND ☑COM □OTH □PTY □SCC		\$300.00	\$300	.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						
			SUBTOTAL	\$ 300.00				
	A Summary					ntributor Co		

 Amount received this period – itemized monetary contributions. 300.00 (Include all Schedule A subtotals.) .....\$

0.00 2. Amount received this period - unitemized monetary contributions of less than \$100 ......\$

3. Total monetary contributions received this period. 300.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule B – Part 1 Loans Received	A.,	to whole dollars			Statement coverage from 4/24/	ers period /2022	CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through5/2	1/2022	Page 5	of 13
NAME OF FILER							I.D. NUMBER	-
Shant Sahakian for Glendale School Boa	rd 2022						1390574	
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 PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
N/A  †   IND   COM   OTH   PTY   SCC		\$	\$	PAID  \$	\$DATE DUE	RATE %	\$ DATE INCURRED	\$PER ELECTION**
†   IND   COM   OTH   PTY   SCC		s	\$	PAID  S———— FORGIVEN  \$	S	% RATE %	\$DATE INCURRED	S—————————————————————————————————————
†   IND   COM   OTH   PTY   SCC		s	\$	PAID  FORGIVEN  \$	\$DATE DUE	%	\$ DATE INCURRED	CALENDAR YEAR  \$ PER ELECTION**
		SUBTOTALS \$	0.00 \$	0.00	\$ 0.00	\$ 0.00		
Schedule B Summary  1. Loans received this period	ns of less than \$100.)  00 paid or forgiven.) t are also itemized on Sche	edule A.)		\$	0.00	(Enter (e) on Schedule E, Line 3)	TH - Other (e.g., TY - Political Part	ommittee PTY or SCC) business entity)

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

\*\* If required.

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

SCHEDULE B - PART 1

					SCH	EDULE B - PART
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period CALIFORNI from 4/24/2022 FORM		
SEE INSTRUCTIONS ON REVERSE			thro	ugh5/21/2022	Page 6	of 13
NAME OF FILER Shant Sahakian for Glendale School Boar	d 2022				1.D. NUMBER 1390574	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. 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		LENDER		\$	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□ IND		LENDER		CALENDAR YEAR	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	scc				\$	
	□ IND □ COM		LENDER		\$	
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	□ отн □ рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc	-		_	\$	

Enter on Summary Page, Line 17 only.

0.00

SUBTOTAL \$

## Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM 4/24/2022 from 5/21/2022 Page 7 through

DATE	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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE IR 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						
ttach add	litional information on appropriately label	led continuation s	sheets.	SUBTOTAL	0.00			
Amount	e C Summary received this period – itemized nonmone			9	0.00	IND	tributor Cod – Individual 1 – Recipien	des
(Include	received this period – itemized nonmone all Schedule C subtotals.)received this period – unitemized nonmo				0.00	_ COM		an g.,

3. Total nonmonetary contributions received this period. 0.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

SCC - Small Contributor Committee

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

Supporti	y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be ro to whole dollars		Statement covers		FORNIA 460		
SEE INSTRUCT	IONS ON REVERSE			through 5/21/2	2022	Page	8 of 13	
Shant Sah	nakian for Glendale School Board 2022					1.D. NUMB 139057		
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 CALENDAR (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	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						
			SUBTOTA	L \$ 0.00				

0.00

	be rounded dollars.		Statement covers period from 4/24/2022	CALIFORNIA 460
			through 5/21/2022	Page 9 of 13  I.D. NUMBER  1390574
MBR member of meetings at OFC office expe PET petition circ PHO phone bank POL polling and postage, de	ommunications nd appearance nses culating ks survey resear elivery and me	es ch ssenger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committee voter registration	on costs  s coduction costs and meals g, and meals es of the same candidate/sponsor
	CODE	OR DE	ESCRIPTION OF PAYMENT	AMOUNT PAID
	LIT			\$7,352.1
		Email		\$40.5
summarized on Sci	nedule D.		5	UBTOTAL \$ 7,392.6
	MBR member commetings a office experiment of petition circle. PHO phone bank polling and postage, deprofessional print ads	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg PRT print ads	s the payment, you may enter the code. Oth MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads  CODE OR DI  LIT  Email	to whole dollars.    from 4/24/2022     through 5/21/2022     thro

2. Unitemized payments made this period of under \$100.....\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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

0.00

0.00

7,392.66

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be roun to whole dollars.	ded	from 4/24/ through 5/21	2022 F	FORNIA 460 ORM 13
Shant Sahakian for Glendale School Board 2022				1390	
CODES: If one of the following codes accurately described 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	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ons nces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions ters' salaries time and production cost el, lodging, and meals evel, lodging, and meals en committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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 accrued expenses of \$100 or more, plus total unitemized)			INCL	IRRED TOTALS \$	0.00
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>				PAID TOTALS \$	0.00
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	nter the difference here and	1		NET \$	0.00

## Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 4/24/2022 **FORM** from 5/21/2022 through I.D. NUMBER 1390574

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shant Sahakian for Glendale School Board 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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 campaign literature and mailings MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs PET petition circulating

PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services

VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME A	AND ADDRESS OF PAYEE OR CREDITOR F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				

PRO professional services (legal, accounting)

\* 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 I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460 FORM of 13	
NAME OF FILER  Shant Sahakian for Glendale School Board 2022				1.D. NUMBER 1390574	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOI (IF COMMITTEE, ALSO ENTER LD. NUMB		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	N/A				
	ditional information on appropriately labeled continuation	sheets.	SUBTO	TAL \$ 0.00	
Schedule I Summary  1. Itemized increases to cash this period				0.00	
				0.00	
				0.00	
4. Total misc	cellaneous increases to cash this period. (Add Lines Page, Line 14.)	s 1, 2, and 3. Enter here and on the		0.00	

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