8/1/22(1)	
	COVER PAGE

Recipient Committee Campaign Statement

ï

Recipient Committee Campaign Statement Cover Page		ad Alen	Date Stamp CEIVED BY NGELES COUNTY	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2022 through 6/30/2022	Date of election if applicable: (Month, Day, Year) 2022 A		For Official Use Only
1. Type of Recipient Committee: All Committees - Com Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ten Amendment (Explain belo	Qual	terly Statement ial Odd-Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Nahabedian for School Bour STREET ADDRESS (NO PO BOX) CITY STATE ZIPCOI	DE AREACODE/PHONE 203 818,482,4437	MAILING ADDRESS		DDE AREACODEIPHONE 11001 626, 768,803C
OPTIONAL: FAX / E-MAIL ADDRESS I. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control Executed on 1/29/2022 Executed on Date Executed on Date	g this statement and to the best of my kn California that the foregoing is true and co By	OPTIONAL: FAX / E-MAIL ADDRES	nerein and in the attached schoolent or Responsible Officer of Spons	nedules is true and complete. I

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement, covers period from 1/2022 CALIFORNIA 460 FORM 460

SEE INSTRUCTIONS ON REVERSE		through_	0,00,00	5-
NAME OF FILER Nahabedian for School B	ow 2021	0		1374741
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions	\$ \(\frac{\phi}{\phi} \) \$ \(\frac{\phi}{\phi} \) \$ \(\frac{\phi}{\phi} \) \$ \(\frac{\phi}{\phi} \)	\$		\$
Expenditures Made 6. Payments Made	\$ \frac{\delta 0}{\delta}\$ \$ \frac{50}{\theta}\$ \$ \frac{\theta}{0}\$ \$ \$ 50	\$ 50 \$ 50 \$ 9 \$ 50		Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 2665 D 50 \$ 2615 \$ 4	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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) rice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	to whole dollars.		Statement covers period		FORM 460	
SEE INSTRUCTIONS ON REVERSE		ı		through 6/30/202	rage_	3 of 3
Nahabelian for	School	Boo	rL 202	5	I.D. NUN	ивеr 7 474
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMB campaign consultants COTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events fundraising events IND legal defense LEG legal defense LIT campaign literature and mailings MBR member communications MCG office expenses petition circulating phone banks POL polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRT print ads MBR member communications RAD radio airtime and production costs returned contributions campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)						
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Secretary of state Political Reformanto, CA 95814	rm Division		Secretar	y of state fe	es :	\$50-
		Į.				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				, 950		
Schedule E Summary						

 SCHEDULE E