	\$ 1.2 mg - 1 mg				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFO FOR	м 400
	Statement covers period from Jan 1 2023	Date of election if applicable: (Month, Day, Year)	(1)7/25/2	2: IO	of 4
SEE INSTRUCTIONS ON REVERSE	through June 30 2023	-, Nov 3, 2026	CAMPAIGN FINA	AMOE	
1. Type of Recipient Committee: All Committees - Col	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	Primarily Formed Ballot Measure Committee Controlled Sponsored Nso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Stateme Special Odd-Year	Report
3. Committee information	), NUMBER 451872	Treasurer(s)	5)	<del></del>	
Abby Pontzer Kamkar for Burbank Schools 2026		MAILING ADDRESS		. ;	
STREET ADDRESS (NO P.O. BOX)	<del></del> isto	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUR	CA RER, IF ANY	91506	415-260-8579
Burbank CA 91506 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		inga mada Tabun sa	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	e dans	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on The Date Posts 12023  Executed on The Image: Property of the Image: Prope		itan	t Treasurer	1 S	
Executed on	Ву	-	roponent or Responsible Office	r of Sponsor	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

A DEAMARY PAC			
Statement covers period	CALIFORNIA 460		
from	FORM 400		
7	Page 3 of 4		
through June 30 2023	_   rage		

Sarah ...

SEE INSTRUCTIONS ON REVERSE	· h	. January	em ek e ge.	through June 30 2023	Page 3 of 4
NAME OF FILER		:		. ***	I.D. NUMBER
Abby Pontzer Kamkar for Burbank Schools 2026					1451872

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 General Elections
<ol> <li>Monetary Contributions</li> <li>Loans Received</li> <li>Schedule A, Line 3</li> <li>SUBTOTAL CASH CONTRIBUTIONS</li> <li>Add Lines 1 + 2</li> <li>Nonmonetary Contributions</li> <li>Schedule C, Line 3</li> <li>TOTAL CONTRIBUTIONS RECEIVED</li> <li>Add Lines 3 + 4</li> </ol>	\$	\$ \$ \$	20. Contributions Received \$\frac{0}{1010^{100}} \frac{1}{1010^{100}} \f
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  9. Schedule F, Line 3  11. TOTAL EXPENDITURES MADE  8. Schedule F, Line 3  14. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10	\$	\$ 1010 \$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents Add Line 2 + Line 9 in Column B above	1010 \$ 1940 \$	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 may be different from amounts reported in Column B.  FPPC Form 460 (Jan/2016)  FPPC Advice: advice@fppc.ca.gov (866/275-3772