Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED LOS ANGELES 7/21/23 PM	COU! CAL	23 COVER PAGE IFORNIA 460 1 of 13
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/2023 6/30/2023	Date of election if applicable: (Month, Day, Year)	2023 JUL 24 F CAMPAIGN FI DISCLOSURE	M 1: 50° INANCE	For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure formmittee Controlled Sponsored Complete Part 6) Cimarily Formed Candidate/ Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain be	rmination)	Quarterly Sta	
< Committee Intermation	E AREA CODE/PHONE (818) 482-9858 E AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Shant Sahakian MAILING ADDRESS CITY Glendale NAME OF ASSISTANT TREASURER MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRESS	STATE	ZIP CODE 91206 ZIP CODE	AREA CODE/PHONE (818) 482-9858 AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of Contro	BySignature of Co	nowledge the information contained in the inf	sponsible Officer of the state Measure Proponent		s true and complete. I

COVER PAGE - PART 2						
CALIFORNIA 460						
Page2 of13						

Officeholder or Candidate Controlled Committe	ee	6.	Primarily Formed Ballo	ot Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Shant Sahakian						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N	UMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Glendale School Board District D						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY Glendale,	STATE ZIP		Identify the controlling office	eholder, candidate,	or state measure pro	ponent, if any.
	ON 01200		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPON	IENT	
Related Committees Not Included in this Stater not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candida	primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	D. NUMBER				L	<u></u>
NAME OF TREASURER C	ONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Officeho	Ider Committee I	ist names of ned.
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR O	PANDIDATE OF	FICE SOUGHT OR HELD	- - - - - - - - - -
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEROEDER OR C	DANDIDATE OF	HOL GOOGHI GKILLD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER C	ONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO					OPPOSE
The state of the s						
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ach continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period 1/1/2023	CALIFORNIA 460
through	6/30/2023	Page 3 of 13
-		I.D. NUMBER
		1390574

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Shant Sahakian for Glendale School Board 2022 Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 1/1 through 6/30 7/1 to Date 0.00 0.00 0.00 20. Contributions 0.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 0.00 Made 0.00 **Expenditures Made Expenditure Limit Summary for State** 798.51 6. Payments Made...... Schedule E, Line 4 \$ _____ 798.51 **Candidates** 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 798.51 798.51 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0.00 (mm/dd/yy) 0.00 798.51 798.51 **Current Cash Statement** 2,442.61 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ To calculate Column B. 0.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 amounts from Column B reported in Column B. 798.51 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 1,644.10 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ ____ be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ ___ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ _____ 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		its may be rounded		SCHEDULE			
netary Contributions Received	to	whole dollars.	Statement cov		CALIFORNIA 460		
			from1/1/	2023	FORM TO		
			through 6/3	0/2023	Page 4 of 13		
ISTRUCTIONS ON REVERSE OF FILER nant Sahakian for Glendale School Board 2022				<u> </u>	I.D. NUMBER 1390574		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TO DATE		
N/A	□ IND □ COM □ OTH □ PTY □ SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
		SUBTOTAL	\$ 0.00		The state of the s		
	······································		0.00	IND COM OTH	tributor Codes Individual I Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party		
mount received this period – i nclude all Schedule A subtotal mount received this period – u otal monetary contributions rec	s.)unitemized monetary contribution	s.)unitemized monetary contributions of less that ceived this period.	temized monetary contributions. s.)\$ unitemized monetary contributions of less than \$100\$	temized monetary contributions. s.)	temized monetary contributions. s.)		

٠.					· A.	maunta may be	undod				SCHE	DULE B - PART 1
	dule B – Pa s Received	rt 1			A	mounts may be ro to whole dollar			Statement co	vers period 1/2023	CALIFORN FORM	
SEE INST	RUCTIONS ON REVE	:RSE	,	•					through6/	30/2023	Page5	of13_
NAME OF	FILER										I.D. NUMBER	
Shant	Sahakian for Gl	endale S	chool Boa	rd 2022							1390574	
	NAME, STREET ADD OF LEND (IF COMMITTEE; ALSO EN	ER		OCCUPATION (IF SELF-EM	IDUAL, ENTER AND EMPLOYER PLOYED, ENTER BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN: CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
N/A		*		:				☐ PAID				CALENDAR YEAR
		•						\$ FORGIVEN	_ \$	RATE	\$	\$ PER ELECTION**
t IND	□ сом □ отн	H □ PTY	□ scc	N. 1 ₂ .		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
			. —					☐ PAID	.'			CALENDAR YEAR
								\$	_ \$	RATE	\$	\$
[†] □ IND	□ сом □ отн	Н ПРТҮ	□ scc			· \$ <u>· </u>	\$	\$	DATE DUE	\$	DATE INCURRED	\$
,								☐ PAID				CALENDAR YEAR
								\$	_	RATE	\$	\$PER ELECTION**
[†] □ IND	□ сом □ отн	H □ PTY	□scc			\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		<u> </u>		· · ·		SUBTOTALS S	0.00	\$ 0.0	0 \$ 0.00	\$ 0.00		
Sched	dule B Sumn	nary	7					•		(Enter (e) on Schedule E, Line 3)		
1. Loa	ns received this al Column (b) pl	period		o of lose that				\$ _	0.00	<u> </u>	*	
2. Loa	ns paid or forgiv	en this p	eriod					\$ _	0.00	IN	Contributor Codes ID – Individual OM – Recipient C	
	al Column (c) pl lude loans paid					edule A.)				0		PTY or SCC) business entity)
	change this per						•••••		0.00		CC – Small Contr	butor Committee
Ente	er the net here a	and on th	e Summa	ry Page, Colu	ımn A, Line 2		•		(May be a negative number)			

*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

Sche	dule B – Part 2		Amounts may be rounded		04-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		EDULE B - PART 2
	Guarantors		to whole dollars.		Statement covers period 1/1/2023	CALIFOR FORM	
EE INST	TRUCTIONS ON REVERSE				through 6/30/2023	Page6	of13
IAME OF					· ·	I.D. NUMBER	• • • •
Shant	Sahakian for Glendale School Board 20)22				1390574	
	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	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		LENDER		CALENDAR YEAR	
		□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
		□scc				\$	
		☐ IND		LENDER		\$,
		 ОТН PTY		DATE		PER ELECTION (IF REQUIRED)	
		□scc				\$	
		□ IND		LENDER		CALENDAR YEAR	
		□сом □отн		DATE		PER ELECTION (IF REQUIRED)	
	· · · · · · · · · · · · · · · · · · ·	□PTY □SCC				\$	
		□IND		LENDER		CALENDAR YEAR	, , ,
		□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
		□scc				s	
				SUBT	OTAL \$ 0.00	Enter on Summary Page, Line 17 only.	the manager of the second

Schedul Nonmor	le C netary Contributions Received	to whole dollars.				Statement covers period			SCHEDULE C		
1101111101	ictary continuations received				from	1/1/202		FO	ORNIA 460		
SEE INSTRUCT	TIONS ON REVERSE				throu	igh 6/30/20)23	Page	7 of 13		
NAME OF FILE	R						- -	I.D. NUME	BER		
Shant Sa	hakian for Glendale School Board 2022							139057	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	CUMULAT DAT CALENDA (JAN 1 - [e 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	litional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	0.00					
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)			, ,	•	0.00	_ IND -	(other th	nt Committee an PTY or SCC)		
3. Total nor	received this period – unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summan	Γ.		,		0.00	- PTY-	- Political F	g., business entity) Party entributor Committee		

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

Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may b to whole d		Statement cover	CALIFORNIA 400		
SEE INSTRUCTI	IONS ON REVERSE	•		through 6/30/	2023 Page _	8 of 13	
NAME OF FILER				:	I.D. NUN 13905		
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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
	N/A	Monetary Contribution Nonmonetary					
	☐ Support ☐ Oppose	Contribution Independent Expenditure					
		Monetary Contribution Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure				14	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
			SUBTOTAL	\$ 0.00			
	D Summary contributions and independent expenditures made	this period. (Inclu	de all Schedule D subtotals	i.)	\$	0.00	
2. Unitemiz	ed contributions and independent expenditures ma	ide this period of u	nder \$100		\$	0.00	
3 Total con	tributions and independent expenditures made this	s period. (Add Line	s 1 and 2. Do not enter on	the Summary Page	.) TOTAL \$ _	0.00	

Schedule E Payments Made	to whole dollars.			Statem	ent covers period	CALIF	ORNIA 460
SEE INSTRUCTIONS ON REVERSE				through	6/30/2023	Page I.D. NUM 139057	BER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* cvc civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	s the payment, you make member common meetings and OFC office expense PET petition circul phone banks POL polling and suppostage, deliver professional support print ads	munications I appearances es ating urvey research very and mess	ı enger services	RAD radio a RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transf VOT voter i	airtime and production of ed contributions aign workers' salaries cable airtime and product date travel, lodging, and pouse travel, lodging, ar er between committees	ction costs meals nd meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	RIPTION OF PA	YMENT		AMOUNT PAID
GoDaddy Tempe, AZ 85284		WEB					\$331.36
Facebook Menlo Park, CA 94025			Social Media				\$250.00
Mailchimp Atlanta, GA 30308		WEB					\$156.75
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUB	TOTAL \$	738.11
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	738.11
2. Unitemized payments made this period of under \$100							0.00
3. Total interest paid this period on loans. (Enter amount from						\$	798.51

SCHEDULE E

						SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement co			ORNIA 460
Accided Expenses (Onpaid Dins)			from1/ 1	/2023		TXIVI
			6/:	30/2023		10 10
SEE INSTRUCTIONS ON REVERSE			through	-	Page	
NAME OF FILER	-				I.D. NUM	BER
Shant Sahakian for Glendale School Board 2022					13905	74
					10900	/
CODES: If one of the following codes accurately describes	s the payment, you may	enter the code. Oth	ierwise, describe t	he payment.		
CMP campaign paraphernalia/misc.	MBR member communication		RAD radio airtime		s	
CNS campaign consultants	MTG meetings and appeara	nces	RFD returned conf			
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating			rkers' salaries iirtime and productio	n costs	
FIL candidate filing/ballot fees	PHO phone banks			vel, lodging, and me		
FND fundraising events	POL polling and survey rese	earch		travel, lodging, and r		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and r			een committees of the	he same	e candidate/sponsor
LEG legal defense	PRO professional services (I	legal, accounting)	VOT voter registra		ernet e	mail\
LIT campaign literature and mailings	PRT print ads		WEB information to	echnology costs (inte	ernet, e-	maii)
NAME AND ADDRESS OF CREDITOR	CODE OR	(a)	(b)	(c)	_	(d)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED THIS PERIOD	AMOUNT PAII THIS PERIOD		OUTSTANDING BALANCE AT CLOSE
		OF THIS PERIOD		(ALSO REPORT ON		OF THIS PERIOD
N/A						
N/A						
* Payments that are contributions or independent expenditures must also be	OUDTOTALO	*	<u> </u>	c	6	
summarized on Schedule D.	SUBTOTALS	9.00	\$ 0.00	> 0.	.00 \$	0.00
Schedule F Summary						
1. Total accrued expenses incurred this period. (Include all S	chedule F. Column (b) sul	btotals for				
accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under S	\$100.)	INC	URRED TOTAL	.s \$ _	0.00
					·	
2. Total accrued expenses paid this period. (Include all Sche	edule F, Column (c) subtot	ans for payments on		DAID TOTAL	e ¢	0.00
accrued expenses of \$100 or more, plus total unitemized p			•••••	PAID TOTAL	.o ə —	
3. Net change this period. (Subtract Line 2 from Line 1. Enter	er the difference here and	l				0.00
on the Summary Page, Column A, Line 9.)				NE	ET \$	0.00
					1410	., a negatite number

Schedule G Payments Made by an Agent or Independer Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from1/1/2023	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through6/30/2023	Page11of13
NAME OF FILER			I.D. NUMBER
Shant Sahakian for Glendale School Board 2022			1390574
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describe	es the payment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and produ	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, a	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees	of the same candidate/sponsor

PRO professional services (legal, accounting)

PRT print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

IND independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

LEG legal defense

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				
<u> </u>				
-				
<u> </u>	 			
		<u> </u>		
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	0.00

^{*} 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.

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

		• •		•			*	SCHEDULE H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.		:	Statement coverage 1/1	ers period /2023	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 6/3	30/2023	Page 12	of13
NAME OF FILER				<u>L</u>			I.D. NUMBER	
Shant Sahakian for Glendale School Bo	ard 2022						1390574	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S COSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A				PAID		,		CALENDAR YEAR
				\$	\$	RATE	\$	\$ PER ELECTION**
		s	s	c PORGIVEN		S.	·	s
		,	V	*	DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
	,			\$	\$	% RATE	\$	\$ PER ELECTION ⁶⁴
				FORGIVEN			·	e
				•	DATE DUE		DATE INCURRED	*
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive						0.00		
reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		* * * * * * * * * * * * * * * * * * *
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan					\$	0.00	· - · [**If Required
							Ľ	
Payments received on loans (Total Column (c) plus unitemized payn			•••••		\$	0.00	-	
3. Net change this period. (Subtract Line 2						0.00	_	
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)			(Ma	y be a negative number)		

Schedule I Miscellaneous Increases to Cash		Amounts may be i	SCHEDULE			
		to whole dolla		Statement covers period		CALIFORNIA 460
				from1/1/20	020	T OKW
SEE INSTRUCTION	NS ON REVERSE			through 6/30	/2023	Page 13 of 13
NAME OF FILER						I.D. NUMBER
Shant Sahaki	ian for Glendale School Board 2022					1390574
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	N/A					
~						
<u>.</u>						
						-
		<u></u> _				
Attach addit	tional information on appropriately labeled continuation sheets	S.			SUBTOTAL \$	0.00
Schedule I	Summary					
1. Itemized inc	creases to cash this period	•••••		\$	0.00	
2. Unitemized	increases to cash of under \$100 this period			\$	0.00	
3. Total of all i	interest received this period on loans made to others. (S	Schedule H, Column	(e).)	\$	0.00	
4. Total misce	llaneous increases to cash this period. (Add Lines 1, 2,	and 3. Enter here ar	nd on the		0.00	
Summary P	Page, Line 14.)			TOTAL \$	0.00	