Recipient Committee Campaign Statement Cover Page

COVER PAGE CALIFORNIA 460

Officeholder, Candidate Controlled Committee State Candidate Election Committee Recali (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored soc Complete Part 6) rimarily Formed Candidate/ fficeholder Committee	(Monus, Day, Tear)	FINANCE GM	Page of
		Treasurer(s) NAME OF TREASURER Chaniga Bahmanou MAILING ADDRESS		
an Dimas CA 91773	6268939987	San Dimas NAME OF ASSISTANT TREASURER, IF ANY Derek Bahmanou MAILING ADDRESS		
PTIONAL: FAX/E-MAIL ADDRESS bahmanou@aol.cm	DE AREA CODE/PHONE	San Dimas OPTIONAL: FAX/E-MAIL ADDRESS		
erification nave used all reasonable diligence in preparing and reviewin	California that the foregoing is By BySignature of Control BySk	ciling Officeholder, Candidate, State Measure Proponent or Res gnature of Controlling Officeholder, Candidate, State Measure	ponsible Officer of Sponso Proponent	·
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recali (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee Ommittee Information DMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) ahmanou for School Board 2022 FREET ADDRESS (NO P.O. BOX) TY STATE STATE ZIP COL TY STATE ZIP COL PTIONAL: FAX/E-MAIL ADDRESS bahmanou@aol.cm erification lave used all reasonable diligence in preparing and reviewing only under penalty of perjury under the laws of the State of the Executed on PY Date Executed on Date Executed on Date Executed on Date	ISTRUCTIONS ON REVERSE	INSTRUCTIONS ON REVERSE	STRUCTIONS ON REVERSE Through 9/24/72

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIFORNIA FORM	460					
Page 2 o	<u>, 7</u>					

	ttee	6.	Primarily Formed Ballot	Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Bahmanou for School Board 2022 & Decek	Bahmanou					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
School Board Member, District 2 Bonita Uy	nified				1 1	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZII		Identify the next liber office	- alder condidate		W
S	San Dimas CA 9177	73	Identify the controlling office			ponent, ir any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPO	ONENT	
Related Committees Not Included in this State	tement: List any committee	98				
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand		e	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
•	•					
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	 Primarily Formed Cand officeholder(s) or candidate(s): 	idate/Officehol	der Committee u	ist names of
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE OFF	FICE SOUGHT OR HEL	SUPPORT
				1		OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR O	ANDIDATE OFF	FICE SOUGHT OR HEL	D 0.12222
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR O	ANDIDATE OF	FICE SOUGHT OR HEL	
			NAME OF OFFICEHOLDER OR C	ANDIDATE OFF	FICE SOUGHT OR HEL	☐ SUPPORT
	CONTROLLED COMMITTEE?					OPPOSE
NAME OF TREASURER			NAME OF OFFICEHOLDER OR	CANDIDATE OFF	FICE SOUGHT OR HEL	□ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO					OPPOSE
OTHER POPIESS INC.	,					
CITY STATE ZIP C	ODE AREA CODE/PHO	ONE	Attac	ch continuation sh	entr if necessary	
			Allat	conunuation sh	eeto ii lievessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

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Statement covers period

1/1122

SEE INSTRUCTIONS ON REVERSE					through	9/24/22	Page 3 of 3
Bohmanov for School Board 2000	೭						I.D. NUMBER
Contributions Received 1. Monetary Contributions	\$ \$	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) 1990.90 500 2490.90 10 2500,90	\$	Columnical End of the Columnic Calendar Total To	YEAR DATE	Running in Both t General Elections	mmary for Candidates he State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$ \$	1995.90 2 1995.90 2 10 2005.90	\$	1995.9 1995. 9 10 2005.	90	Candidates 22. Cumula	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
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.	\$	114 2490.90 1/4 1995.90 495	ad An an of an be sh	calculate Colu d amounts in Co to the correspo nounts from Co your last repor nounts in Colur negative figure ould be subtrace evious period a s is the first rep	Column Inding Inding It. Some Inn A may Ites that Ites from Ites f	reported in Column B.	may be different from amounts
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file on	ed for this caler ly carry over th	ndar year, ne 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		- φ 500		m Lines 2, 7, a y).	and 9 (II		FPPC Form 460 (Jan/2016

Schedule Monetary	A Contributions Received	Amoun to	nts may be rounded o whole dollars.	Statement cov	/ers period	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through 9/2	4122	Page	4 of	
NAME OF FILER Bahmanou fo	or School Board 2022					I.D. NU	UMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
8/27/22	Derek Bahmanou , San Dimas, CA 91773	ZIND COM OTH PTY SCC	Teacher Baldwin Park Unified School District	547.91	547.91			
8/30/22	Derek Bahmanou , San Dimas, CA 91773	☑IND □COM □OTH □PTY □SCC	Teacher Baldwin Park Unified School District	787.58	1335.49			
9/8/22	Derek Bahmanou San Dimas, CA 91773	ZIND COM OTH PTY SCC	Teacher Baldwin Park Unified School District	605.41	1940.90			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC		·				
			SUBTOTAL S	\$ 1940.90				
Amount re (Include all)	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)		\$		IND - COM OTH-	(other	ual sient Committee r than PTY or SCC) (e.g., business entity)	
2. Amount re	eceived this period - uniternized monetary contribution	ons of less trial	.π φ100				Contributor Committee	

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	Am	ounts may be rou	unded				SCHED	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cove	ers period	CALIFORN	HA 460
Loans Received					from 1/1/22		FORM	~ 400
SEE INSTRUCTIONS ON REVERSE				1	through 9/2	4122	Page 5	of 3
NAME OF FILER							I.D. NUMBER	
Bahmanou for School Board 2022						!		1
Samilation for School Board 2022						!		
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING		AMOUNT PAID		INTEREST	ORIGINAL	CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		BALANCE BEGINNING THIS	RECEIVED THIS		BALANCE AT	PAID THIS	AMOUNT OF	CONTRIBUTIONS TO DATE
	NAME OF BUSINESS)	PERIOD		PAID	PERIOD			CALENDAR YEAR
Derek Bahmanou	Teacher,	1 '	1 /	. 0	, 500	0	s 500	2490.90
San Dimas, CA 91773	Baldwin Park Unified	1 '	1	*	\$	RATE	\$	
1	School District	1 1	1 !	FORGIVEN	1		1	PER ELECTION**
!	1	, Ø	\$ 500	\$ 0	N/A	ş <u>0</u>	8/25/22	\$
TEND COM OTH PTY SCC		1			DATE DUE		DATE INCURRED	
	1	'	1	PAID	7		,	CALENDAR YEAR
1	1	1 '	1	\$. \$	%	\$	\$
!	1	1	1	FORGIVEN] '	RATE	'	PER ELECTION**
,	1	1 '	1		′			
TO IND COM COTH PTY SCC	1	s	\$,	DATE DUE	•	DATE INCURRED	5
		· · · · · · · · · · · · · · · · · · ·		PAID	1		1	CALENDAR YEAR
1	1	1 '	1	8	. s ′		s	
1	1	1 '	1	FORGIVEN	'	RATE	,	PER ELECTION**
1	1	1 '	1 /			1	1 '	PER ELECTION
†□IND □COM □OTH □PTY □SCC	1	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	s 500 s	\$ 0	\$ 500	\$ 0.		
		ARIOINES A	, 300 ₄	, 0	\$ 500 ,			
Schedule B Summary						(Enter (e) on Schedu	Je E, Line 3)	
Loans received this period				\$ <u>500</u>	j	_		
(Total Column (b) plus uniternized loan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Œ	To the Onder	
Loans paid or forgiven this period				\$ <u>0</u>			Contributor Codes ID Individual	
(Total Column (c) plus loans under \$10							OM - Recipient Co	
(Include loans paid by a third party tha				500	٥	١		PTY or SCC)
Net change this period. (Subtract Line Fator the pat here and on the Summer			,	.NET \$			TH - Other (e.g., b TY - Political Party	
Enter the net here and on the Summar	y Page, Column A, Line 2.						CC - Small Contril	

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

** If required.

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(May be a negative number)

Schedule	C		Amounts may be rounded						SCHEDULE	C
Nonmone	tary Contributions Received		to whole dollars.			Statement covers	eriod	CALIF	ORNIA 160	
					fron	n 1/1/22		FOI	RM 400	
SEE INSTRUCTIO	ONS ON REVERSE		_		thro	ough 9/24/	ひこ	Page _	of 3	
NAME OF FILER				•				I.D. NUMI	BER	
Bahmanou for	School Board									
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	CALEND	ATIVE TO ATE AR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	_
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach additi	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL	\$				経過の
Schedule (C Summary							entributor Co		Ī
	ceived this period – itemized nonmonetar I Schedule C subtotals.)			***************************************	\$	0	_ co	(other th	nt Committee nan PTY or SCC)	
2. Amount re	ceived this period – unitemized nonmone	tary contribut	ions of less than \$100	***************************************	\$ _	10	PT	Y - Political	.g., business entity) Party ontributor Committee	
3. Total nonm (Add Lines	nonetary contributions received this periods 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	тот	AL \$ _	10				,

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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 9/24/22 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bahmanou for School Board

		· ·								
CODES:	If one of the	following cod	es accurately	describes the	payment,	you may	enter the code.	Otherwise,	describe the payme	nt.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs. candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FND

fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND TSF

legal defense LEG professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence	:	Voter Douta	\$ 547.91
Long Beach CA 90806			
Build a Sign	cmp		178758
Nista Print			
VISTA YOUR	LIT		860541
Wortham MA 02451			

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

SUBTOTAL \$ 1940.9

Schedule E Summary

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))