Recipient Committee Campaign Statement Cover Page (Government Code Sections 8420		``		Date Stamp RECEIVED E	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		Statement covers per from 04/24/2022 through 05/21/2022	Date of election if applicable (Month, Day, Year)	CAMPAIGN FIN	For Official Use Only
1. Type of Recipient Com Sometimes of Complete Condidate Condidate Condidate Election Recall (Also Complete Part 5) General Purpose Committe Sponsored Small Contributor Comm	ntrolled Committee n Committee	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	nt Sp t St	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDA AMIRYANS FOR SCHOOL BO STREET ADDRESS (NO P.O. BOX	TE'S NAME IF NO COMMITT ARD 2022	1.D. NUMBER 1445096 EE)	Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS CITY		CODE AREA CODE/PHONE
Inglewood MAILING ADDRESS (IF DIFFEREN	CA 9	O CODE AREA CODE/PHO 0301 (310)817-66 0. BOX		URER, IF ANY	0301 (310)817-6679
OPTIONAL: FAX / E-MAIL ADDRE (310)672-6679 / cine@p	ESS	AREA CODE/PHO	OPTIONAL: FAX / E-MAIL ADD	CA 9	CODE AREA CODE/PHONE 0301 (310)817-6679
under penalty of perjury under the	ence in preparing and revience laws of the State of Calify 2 5 2022 Date Date Date	wing this statement and to the best ornia that the foregoing is true and c By By By By By By By By	Signature of Controlling Officeholder, Candidate,	of Spons State Measure Proponent	· .

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page __2 _ of __24

NAME OF OFFICEHOLDER OR CAND	IDATE				NAME OF BALLOT MEASURE			
	IDAIL				WANTE OF BALLOT MEASURE			
erna Amiryans		<u> </u>			BALLOT NO. OR LETTER	JURISDICTION		
OFFICE SOUGHT OR HELD (INCLUDE		TRICT NUMBER	IF APPLICABL	.E)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Hendale Board of Educatio	n] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP				
		Inglewood	CA	90301	Identify the controlling offi	ceholder, candidate,	or state measure	proponent, if an
·		ingrewood.			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT	т	
Polotod Committees Not In		Ct-t						
Related Committees Not In not included in this statement that			•		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
contributions or make expenditure				io receive	,			
OMMITTEE NAME		Tra same						
OMMITTEE NAME		I.D. NUM	BEK					
		- 1						
IAME OF TREASURER		CONTRO	LLED COMMITT	TEE2	7. Primarily Formed Cand			
AME OF TREASURER		☐ YE			officeholder(s) or candidate(s)	for which this commit	tee is primarily form	ied.
COMMITTEE ADDRESS STRE	ETADDRESS (NO P.O	1			NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	T
COMMITTEE ADDRESS STRE	ETADDRESS (NO P.C	J. BOX)						SUPPORT OPPOSE
								- OFFOSE
CITY	STATE ZI	IP CODE	AREA COL	E/PHONE	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
								OPPOSE
OMMITTEE NAME		I.D. NUM	BER					
-					NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	☐ SUPPORT
		- 1						☐ OPPOSE
IAME OF TREASURER		CONTROL	LED COMMITT	EE?	NAME OF OFFICEHOLDER OR C	ANDIDATE OFFICE	SOUGHT OR HELD	
		☐ YE	s 🗌 NO		MAINE OF OFFICEROLDER OR C	OFFICE	. OCCOMIT ON HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STRE	ET ADDRESS (NO P.C	D. BOX)						L OPPOSE
	•	-						

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		OOIVINALTI AOL
Statement covers period		CALIFORNIA 460
from	04/24/2022	FORM 400
through _	05/21/2022	Page 3 of 14
		I.D. NUMBER

SHMMADYDAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1445096 AMIRYANS FOR SCHOOL BOARD 2022 Calendar Year Summary for Candidates Column A Column B Contributions Received CALENDAR YEAR TOTALTHIS PERIOD Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTO DATE General Elections 51,363.27 7/1 to Date 1/1 through 6/30 27,000.00 25,000.00 20. Contributions 26,914.65 78,363.27 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0.00 0.00 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made 78,363.27 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ _____ 26,914.65 **Expenditures Made Expenditure Limit Summary for State Candidates** 64,515.75 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 64,515.75 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 34,383.50 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 64,515.75 **Current Cash Statement** 21,316.37 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add amounts in Column A to the 26,914.65 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 34,383.50 Column A may be negative 13,847.52 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ _____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 27,000.00

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement coverage of the statement coverage		CALIFORNIA FORM	SCHEDULE A
	ONS ON REVERSE			through _05/21/2	022	Page 4	of <u>14</u>
NAME OF FILER						I.D. NUMBER	
AMIRYANS FO	R SCHOOL BOARD 2022					1445096	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR T	ELECTION TO DATE REQUIRED)
04/24/2022	Judith Doom La Crescenta, CA 91214	⊠IND □COM □OTH □PTY □SCC	Teacher Glendale Unified School District	50.00	15	50.00	
04/24/2022	Patrick Masihi Glendale, CA 91202	⊠IND □COM □OTH □PTY □SCC	Retired None	250.00	25	50.00	
04/24/2022	National Women's Political Caucus - Greater Pasadena Area (ID# 1422805) Altadena, CA 91001	☐IND INCOM ☐OTH ☐ PTY ☐ SCC		500.00	50	00.00	-
04/24/2022	Oueen Property Glendale, CA 91203	□IND □COM 図OTH □PTY □SCC		250.00	25	50.00	
04/25/2022	Stella Petros Glendale, CA 91203	☑IND □COM □OTH □PTY □SCC	Psychotherapist Self Employed - No Separate Business Name	161.71 Received through inter eFundraising Connection 2831 G St., Suite #120 Sagramento, CA 95816	mediary:	61.71	
			SUBTOTAL	\$ 1,211.71			
1. Amount re	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$	1,815.65	COM-	ibutor Codes ndividual -Recipient Comn (other than PT)	nittee / or SCC)
3. Total mone	ceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu				PTY-	Other (e.g., but Political Party Small Contributo	

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

,		to whole	uollars.	from04/24/	/2022	FC	ORM 40U
,	· · · · · · · · · · · · · · · · · · ·			through05/21/	/2022	Page_	5 of 14
NAME OF FILER AMIRYANS FOR	SCHOOL BOARD 2022					I.D. NUI 14450	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
04/27/2022	Bella Dovlatyan Glendale, CA 91202	⊠IND □COM □OTH □PTY □SCC	Retired None	500.00 Received through intererundraising Connectic 2831 G St., Suite #120 Sacramento, CA 95816		00.00	
05/08/2022	Georges Saikali Burbank, CA 91501	⊠IND □COM □OTH □PTY □SCC	Chief Executive Officer George M Saikali	103.94 Received through intererundraising Connectic 2831 G St., Suite #120 Sacramento, CA 95816		03.94	
		□IND □COM □OTH □PTY □SCC	. ,				,
	,	□IND □COM □OTH □PTY □SCC					
		IND COM OTH PTY SCC	49-				
			SUPTOTAL	603.94	San San Carlo	. 7 %	A STATE OF THE STA

*Contributor Codes

IND - Individual

COM -- Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

							SCHE	EDULE B-PART
Schedule B – Part 1	Amounts may be rounded				Statement cov	ers period	CALIFORNIA 460	
Loans Received		to whole dolla	rs.		from04/2	4/2022	FORM	400
SEE INSTRUCTIONS ON REVERSE					through05/2	1/2022	Page6	of <u>14</u>
NAME OF FILER							I.D. NUMBER	
AMIRYANS FOR SCHOOL BOARD 2022							1445096	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Lerna Amirvans	Non-Profit Executive Glendale Council PTA			☐ PAID				CALENDAR YEAR
Glendale, CA 91202				\$0.0		0_00% RATE	\$ 2,000.00	\$27.000.00 PER ELECTION*
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$2,000.00	\$0.00	\$0	02/15/2023 DATE DUE	s0.00	02/15/2022 DATE INCURRED	\$
Lerna Amirvans	Non-Profit Executive Glendale Council PTA			☐ PAID				CALENDAR YEAR
Glendale, CA 91202				\$0_0	\$ 25,000,00	% RATE	\$ 25,000.00	\$27,000.00 PER ELECTION *
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$0.00	\$ _ 25,000.00	so_o	05/12/0202 DATE DUE	\$0.00	05/12/2022 DATE INCURRED	\$
				☐ PAID		İ		CALENDARYEAR
				\$	_ \$	RATE	s	\$ PER ELECTION*
		1						
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS \$	25,000.00	0.	27,000.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan		•••••		\$ _	25,000.00	_	Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party the	00 paid or forgiven.)		7	\$ _	0.00	IN CO	D – Individual OM – Recipient Co (other than ITH – Other (e.g., IY – Political Part	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Lir Enter the net here and on the Summa	ne 2 from Line 1.) Iry Page, Column A, Line 2.			NET \$ _	25,000.00 (May be a negative number)	S	CC – Small Contril	

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** If required.

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

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 160
from	04/24/2022	FORM 400
through	05/21/2022	Page _ 7 _ of _ 14 _
		LD NUMBER

1445096

SCHEDULE E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

AMIRYANS FOR SCHOOL BOARD 2022

COL	CDES: If one of the following codes accurately describes 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 production costs			
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals			
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor			
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration			
ЦТ√	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	OR DESCRIPTION OF PAYMEN	VT	AMOUNT PAID
Budget Watchdogs Newsletter (ID# 1345115)	CMP	Slate Mailer		968.00
Torrance, CA 90505				
Democratic Voting Center Guide (ID# 1418877)	CMP	Slate Mailer		493.20
Encino, CA 91436-1856		-		
Election Digest (ID# 1345303)	CMP	Slate Mailer		641.00
Torrance, CA 90505				
* Payments that are contributions or independent expenditures must also be	summarized on	Schedule D.	SUBTOTAL\$	2,102.20

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	34,370.76
2. Unitemized payments made this period of under \$100\$_	12.74
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	34,383.50

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDOLE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/24/2022	FORM TOO
through 05/21/2022	Page 8 of14
,	I.D. NUMBER
	1445096

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

AMIRYANS FOR SCHOOL BOARD 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations t.v. or cable airtime and production costs PET petition circulating TEL FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor IND postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Independent Voting Center Guide (ID# 1418877)	CMP	Slate Mailer	315.10
Encino, CA 91436-1856			
•			
Senior Advocate (ID# 1439476)	CMP	Slate Mailer	483.00
Torrance, CA 90505			
eFundraising Connections	CMP	Credit Card Processing Fee	5.96
Sacramento, CA 95816			
Pacific Cove Strategies, LLC	LIT	Mailer & Postage Expenses	3,614.56
Los Angeles, CA 90046			
Voter Newsletter (ID# 1355767)	CMP	Slate Mailer	625.00
Sherman Oaks, CA 91403			

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SUBTOTAL \$

5,043.62

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

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/24/2022	FORM TOO
through 05/21/2022	Page9 of14
	I.D. NUMBER
	1445096

AMIDVANG FOR COURT, BOARD 2022

AMIRYANS FOR SCHOOL BOARD 2022	1445096	
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)* MTG meetings ar office experior office experio	mmunications RAD radio airtime and production costs returned contributions RFD returned contributions salaries SAL-campaign workers' salaries t.v. or cable airtime and production costs	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	CMP Credit Card Processing Fee	17.80
Sacramento, CA 95816		

Andrew Jiang dba AJ Campaigns, LLC	CNS	Consulting Services	9,000.00
Alhambra, CA 91801			
Araksya Nordikyan	SAL	Pay Period 4/16-4/30/2022	697.43
Panorama City, CA 91402			
Pacific Cove Strategies, LLC	LIT	Mailer & Postage Expenses	3,614.56
Los Angeles, CA 90046			
RCBS Payroll Services	OFC	Payroll Taxes & Expenses	2,251.55
Sacramento, CA 95841			

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

SUBTOTAL \$

15,581.34

Schedule E (Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/24/2022	FORM TOO
through05/21/2022	Page 10 of 14
	I.D. NUMBER
	1445096

AMIRYANS FOR SCHOOL BOARD 2022

AMIRIANS FOR SCHOOL BOARD 2022						1445096	
CNS campaign consultants M CTB contribution (explain nonmonetary)* CVC civic donations PE FIL candidate filing/ballot fees Pt FND fundraising events PC	member common meetings and office expensed petition circulation phone banks DL polling and signs postage, delivation professional signs and signs postage, delivation professional signs postage.	munications d appearance ses lating urvey reseavery and m	ces	RAD RFD SAL TEL TRC TRS		n costs s duction costs nd meals , and meals es of the same candidat	e/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT	PAID
Argine Suleimanyan		SAL	Pay Period 4	/16-4/30/20	222		731.42
Burbank, CA 91504							

		,	
Burbank, CA 91504			
Araksva Nordikyan	CNS	Consulting Services	2,500.00
Panorama City, CA 91402			
CITI Cards	CMP	Campaign Expenses	489.30
New York, NY 10013			
eFundraising Connections	CMP	Credit Card Processing Fee	3.94
Sacramento, CA 95816 P			
Pacific Cove Strategies, LLC	LIT	Mailer & Postage Expenses	3,614.56
Los Angeles, CA 90046			

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

SUBTOTAL \$

7,339.22

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/24/2022	FORM TOO
through05/21/2022 ·	Page11 of14
	I.D. NUMBER
•	1445096

NAME OF FILER

AMIRYANS FOR SCHOOL BOARD 2022

CODE	S: If one of the following codes accurately described	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP ca	ampaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS ca	ampaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB c	ontribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC ci	vic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL ca	andidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fu	ndraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND in	dependent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG le	gal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT ca	ampaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Clifford Wong	PRO	Graphic Design Services	1,100.00
Arcadia, CA 91007			
Araksya Nordikyan	SAL	Pay Period 5/1-5/15/2022	626.89
Panorama City, CA 91402			
RCBS Payroll Services	OFC	Payroll Taxes & Expenses	1,917.19
Sacramento, CA 95841			
·			
Argine Suleimanyan	SAL	Pay Period 5/1-5/15/2022	660.30
Burbank, CA 91504			

SUBTOTAL \$

4,304.38

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

Schedule G			SCHEDULE
Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Contractor (on Behalf of This Committee)	to whole dollars.	from04/24/2022	FORM 400
SEE INSTRUCTIONS ON REVERSE		through	Page 12 of 14
NAME OF FILER			I.D. NUMBER
AMIRYANS FOR SCHOOL BOARD 2022			1445096

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CITI Cards

	DEG. If one of the following code	accurately describe	3 tile	payment, you may enter the code.	Other wis	e, 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 production costs	
FII	candidate filing/hallot fees		PHO	nhone hanks	TRC	candidate travel, lodging, and meals	

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals
FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads VEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Printing by Harvrey	CMP	Campaign Event Back Drop	307.60
Glendale, CA 91202			
		·	
		P .	
•			
Attach additional information on appropriately labeled continuation sheets.		TOTAL	* \$ 307.60

^{*} 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.

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

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from04/24/2022	FORM 460
through05/21/2022	Page13 of14
	I.D. NUMBER
	1445096

AMIRYANS FOR SCHOOL BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pacific Cove Strategies, LLC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CMP	campaign paraphernalia/misc.	MBR	R member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	G meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	C office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	Γ petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	O phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	L polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	S postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	O professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	T print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYN	IENT	AMOUNT PAID
US Postal Service	POS	Postage		1,694.40
Glendale, CA 91205				
	:			
US Postal Service	POS	Postage		1,694.40
Glendale, CA 91205				
US Postal Service	POS	Postage		1,694.40
Glendale, CA 91205				
	<u> </u>			
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	5,083.20

^{*} 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.

Schedule	e G
Payment	ts Made by an Agent or Independent
_	tor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160
from	04/24/2022	FORM 460
through.	05/21/2022	Page 14 of 14

I.D. NUMBER

1445096

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

AMIRYANS FOR SCHOOL BOARD 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RCBS Payroll Services

CODES: If one of the following codes accurately describes 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)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees candidate travel, lodging, and meals PHO phone banks TRC FND fundraising events staff/spouse travel, lodging, and meals POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF ' LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, e-mail) print ads

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	АМ	OUNT PAID
Stacev Hovhannisvan	SAL	Pay Period 4/16-4/30/2022		697.43
Glendale, CA 91206				
Tina Kazarvan	SAL	Pay Period 4/16-4/30/2022		697.43
Sunland, CA 91040	J. JAL	Pay Period 4/10-4/30/2022		097.43
Stacev Hovhannisvan Glendale, CA 91206	SAL	Pay Period 5/1-5/15/2022		561.24
Giendale, CR 31200				1
Tina Kazarvan Sunland, CA 91040	SAL	Pay Period 5/1-5/15/2022		635.71
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$	2,591.81

^{*} 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.