O			1/2	27/2021 F COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		RECEI LOS ANGEI	VED BY ES COUNTY	CALIFORNIA 460 FORM
(Soveriment Code Sections 04200-04210.5)	Statement covers period from07/01/2020	Date of election if applicable FEB - (Month, Day, Year)	2 PM 4: 34 H FINANCE	Page1 of5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2020	03/03/2020		020630
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	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 Termination Amendment (Explain below)	☐ S ₁	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information	0. NUMBER 1422932	Treasurer(s) NAME OF TREASURER		
Benilan for Grendare Community Correge Board	of frustees 2020	Sevan Benlian MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Glendale		CODE AREA CODE/PHONE 1204 (818) 237-029
CITY STATE ZIP CO Long Beach CA 9080 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	2 (213)489-4792	NAME OF ASSISTANT TREASURER, IF A David Gould MAILING ADDRESS	NY	
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	Long Beach OPTIONAL: FAX / E-MAIL ADDRESS		P CODE AREA CODE/PHONE 0802 (213) 489-479:
(213)489-4818 / dlgould@gouldorellana.com				
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California			ned sche	edules is true and complete. I certify
Executed on	Ву			
Executed onDate	Ву		per of Spons	sor
Executed onDate	Ву			
Executed on	Ву	-g		EPPC Form 460 (Jan/201

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Balle	ot Measure	Committee	Э	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Sevan Benlian									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABL	.E)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
Community College Board Community College S	Board of Tru	stees Gl	lendale						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling off	inabaldan an		t-t	namenant if an
	lendale	CA	91204		Identify the controlling off			tate measure	proponent, it any
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this S	tatement: Li	st any con	nmittees						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your c		y formed t	to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER								· · · · · · · · · · · · · · · · · · ·
	1								
				7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee L	ist names of
NAME OF TREASURER	CONTROLLE				officeholder(s) or candidate(s				
COMMITTEE ADDRESS AND DO COMMITTEE ADDRESS AND DO	☐ YES	□ NO			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	IGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)								SUPPORT OPPOSE
CITY STATE ZIP	CODE	AREA COD	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME	I.D. NUMBER						055105.001	10117 00 1151 0	
					NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	ight or held	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED	COMMITT	EE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	IGHT OR HELD	Cuppopt
	☐ YES	☐ NO							SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)								
CITY STATE ZIP	CODE	AREA COD	E/PHONE		Attac	ch continuation	on sheets if i	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA	460
07/01/2020	FORM	400

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Benlian for Glendale Community College Board of Trustees 2020

from	07/01/2020	FORM 46U
through _	12/31/2020	Page 3 of 5
		I.D. NUMBER
		1422932

Benliah for Glendale Community College Board of Trustees 2020	'				1422932
Contributions Received		COlumn A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	12,650.00	
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	12,650.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	12,650.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	8.75	\$	12,819.73	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	8.75	\$	12,819.73	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		500.00		500.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	508.75	\$	13,319.73	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	316.59	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		8.75		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	307.84	figu	ures that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.			pei	riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	500.00			
			ı		FPPC Form 460 (Jan/

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	07/01/2020	FORM 460
through _	12/31/2020	Page _4 of5
		I.D. NUMBER

1422932

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Benlian for Glendale Community College Board of Trustees 2020

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

MBR in MTG in OFC or Contribution (explain nonmonetary)*

OFC or CVC civic donations

NAME AND ADDRESS OF PAYEE

FIL candidate filing/ballot fees

FND fundraising events

ND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications MTG meetings and appearances OFC office expenses

PET petition circulating
PHO phone banks

POL polling and survey research postage, delivery and messenger services (PO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL 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

F transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

(IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Payments that are contributions or independent expenditures must a	also be summarized on Schedule D.	SUBT	TOTAL\$ 0.0
Schedule E Summary			
. Itemized payments made this period. (Include all Schedule E sub	ototals.)		\$0.00

8.75

0.00

8.75

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove from07/01/ through12/31/	2020 FC	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through	Page .	5 of5		
NAME OF FILER				I.D. NUM	IBER		
Benlian for Glendale Community College Board of Trustees	3 2020			14229	32		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs ibutions kers' salaries time and production costel, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Gould & Orellana, LLC	PRO	0.00	250.00	0.00	250.00		
Long Beach, CA 90805							
Gould & Orellana, LLC	PRO	0.00	250.00	0.00	250.00		
Long Beach, CA 90805							
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00\$	500.00	0.00\$	500.00		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a			INCU	RRED TOTALS \$ _	500.00		

on the Summary Page, Column A, Line 9.)

NET \$ 500.00 / May be a negative number

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

0.00