Recipient Committee CALIFORNIA Campaign Statement FORM OS ANGELES COL Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) 7/1/2021 from. CAMPAIGN FINANCE 12/31/2021 SEE INSTRUCTIONS ON REVERSE through. 1/18/22 PM 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Controlled Recall Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1390574 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Shant Sahakian Sahakian Glendale School Board District D 2017 Officeholder Account MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE STATE Glendale CA 91206 818-482-9858 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Glendale CA 91206 818-482-9858 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Glendale CA 91226 818-570-7736 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 1/15/2022 Executed on . 1/15/2022 Executed on . Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	4	60					
Page _	2	of _	14					

5.	Officeholder or Candidate Controlled C	ommittee	6.	Primarily Formed Ballot	t Measure Com	mittee	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	Shant Sahakian						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
	Glendale School Board District D						OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling office	holder, candidate,	or state measure pr	oponent, if any.
	1 4	leridale, OA 31200		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPON	ENT	
	Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NUMBER					
		1					
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officehol	der Committee	List names of
	The state of the s	☐ YES ☐ NO		onicenolaer(s) or candidate(s)	ior which this comi	nittee is primarily for	med.
	COMMITTEE ADDRESS STREET ADDRESS (NO			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	FICE SOUGHT OR HELI	SUPPORT OPPOSE
	CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	ICE SOUGHT OR HELI	SUPPORT
							OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	FICE SOUGHT OR HELI	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	ICE SOUGHT OR HELI	D GUIDDODT
	COMMITTEE ADDRESS STREET ADDRESS (NO	YES NO					SUPPORT OPPOSE
	COMMITTEE ADDRESS (NO	71.0.007					
	CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	ch continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Staten	7/1/2021		FORM	IIA	460	
through	12/31/2021	Page	_3	_ of _	14	
		I.D. NU	MBER			1
		13904	574			-

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Sahakian Glendale School Board District D 2017 Officeholder Account

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
Monetary Contributions Schedule A, Line 3	\$5,514.71	\$7,514.71	General Elections
2. Loans Received	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,514.71	\$ 7,514.71	20. Contributions Received \$\$
4. Nonmonetary Contributions	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$5,514.71	\$7,514.71	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4		\$ 7,514.71	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$ 7,514.71	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	0.00	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$5,838.78	\$7,514.71	/\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	5,514.71	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	5,838.78	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$0.00	be negative figures that should be subtracted from	
If this is a termination statement, Line 16 must be zero.		previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B. Part 2	\$ 0.00	this is the first report being filed for this calendar year,	
Cash Equivalents and Outstanding Debts		only carry over the amounts from Lines 2, 7, and 9 (if	
18. Cash Equivalents and Outstanding Debts See instructions on reverse	¢. 0.00	any).	
	*		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	3.00		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
		•	www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

				from7/1/2	2021	FORM 460
SEE INSTRUCTIO	NS ON REVERSE			through12/3	31/2021	Page4 of14
NAME OF FILER Sahakian (Glendale School Board District D 2017 Officeholder	Account	·			I.D. NUMBER 1390574
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR TO DATE
8/16/2021	Shant Sahakian Glendale, CA 91206	ZIND COM OTH PTY	Executive Director Armenian American Museum	\$3,000.00	\$5,000.0	00
12/29/2021	Shant Sahakian Glendale, CA 91206	ZIND COM OTH PTY	Executive Director Armenian American Museum	\$2,514.71	\$7,514.7	71
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL \$	5,514.71		
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contribution	•••••		5,514.71 0.00	IND - COM OTH-	ributor Codes Individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			5,514.71		- Small Contributor Committee

	Am	ounts may be ro	unded		<u> - </u>		SCHE	DULE B - PART	
Schedule B – Part 1 Loans Received		to whole dollars	s.		Statement co	•	CALIFORN	1A 460	
Loans Received					from//1	/2021	FORM		
DEF INSTRUCTIONS ON DESCRIPE					through12/	31/2021	Page 5	of14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER		
Sahakian Glendale School Board District	D 2017 Officeholder Accou	int					1390574		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOR	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE	
Shant Sahakian Glendale, CA 91206	Executive Director Armenian American Museum			PAID \$ FORGIVEN	\$0.00	RATE %	\$ 3000.00	\$ 5,000.00 PER ELECTION*	
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$0.00	\$_3,000.00	\$ <u>3,000.00</u>	DATE DUE	\$	8/16/21 DATE INCURRED	\$	
Shant Sahakian Glendale, CA 91206	Executive Director Armenian American Museum			PAID \$ FORGIVEN	\$0.00	RATE %	<u>\$ 2514.71</u>	\$ 7,514.71 PER ELECTION*	
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$0.00	ş. 2,514.71	<u>\$ 2514.71</u>	DATE DUE	\$	12/29/21 DATE INCURRED	\$	
				PAID \$	s	%	s	\$PER ELECTION*	
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	5,514.71	5,514.71	1 \$ 0.00	\$ 0.00			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loane received this period				\$	5 514 71				

1.	Loans received this period\$; —	5,514.71_
	(Total Column (b) plus unitemized loans of less than \$100.)		
_			
2.	Loans paid or forgiven this period\$	· ——	5,514.71_
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		
3.	. Net change this period. (Subtract Line 2 from Line 1.)	·	0.00_

†Contributor Codes

IND - Individual

(May be a negative number)

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

			:				•
				. `		SCH	EDULE B - PART
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Stater	nent covers period	CALIFOR	
Loan Guarantors				from	7/1/2021	FORM	
				through.	12/31/2021	Page6	of14
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER	
Sahakian Glendale School Board District D 20	17 Officeholde	er Account				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
			LENDER			CALENDAR YEAR	
	☐ IND					s	
	□ COM □ OTH		DATE			PER ELECTION	
	□PTY					(IF REQUIRED)	
	□scc						
						\$	
			LENDER			CALENDAR YEAR	
	СОМ					\$	
	□ OTH		DATE			PER ELECTION (IF REQUIRED)	
	□PTY		DAIL			(ii ricaoirics)	
	□scc					\$	
			LENDER			CALENDAR YEAR	
	□IND		LENDER				
	Сом					PER ELECTION	
	□отн		DATE			(IF REQUIRED)	
	□PTY						
	□scc					\$	
			LENDER			CALENDAR YEAR	
	☐ IND ☐ COM					\$	

DATE

SUBTOTAL \$

□отн

□PTY □SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C			Amounts may be rounded to whole dollars.			t-tt-covore		SCHEDULE (
Nonmone	etary Contributions Received				from	statement covers p	-		ORNIA 460	
SEE INSTRUCTION	NS ON REVERSE				thro	ugh12/31/2	2021	Page	7_ of14	
NAME OF FILER		·						I.D. NUME	BER	
Sahakian G	ilendale School Board District D 2017 Of	ficeholder Ac	count					139057	74	
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 O GOODS OR SERVIO		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 addition	ional information on appropriately labeled	l continuation	sheets.	SUBTO	TAL \$	0.00		N KROWE !		
Cabadula (O. C									
	C Summary ceived this period – itemized nonmoneta	en contribution	00					ntributor Co – Individua		
	l Schedule C subtotals.)				\$_	0.00		M – Recipie	ent Committee	
•	ceived this period – unitemized nonmone					0.00		l – Òther (e	han PTY or SCC) e.g., business entity)	
	nonetary contributions received this perio							′ – Political I C – Small Co	contributor Committee	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$_

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

Supportin Candidat	e D y of Expenditures ng/Opposing Other es, Measures and Committees	posing Other to whole dollars. from 7/1/2021 through 12/31/2021				CALIFORNIA 46 FORM Page 8 of 14 I.D. NUMBER		
NAME OF FILER Sahakian G	Glendale School Board District D 2017 Officehold	ler Account				1.D. NUME		
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	CUMULATIV CALENDA (JAN. 1 - I	E TO DATE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		,	SUBTOTAL	\$ 0.00				
	D Summary contributions and independent expenditures made	e this period. (Includ	le all Schedule D subtotals.)			\$_	0.00	

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

0.00

Payments Made	to whole de	ollars.		from	7/1/2021	FOF	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			·	through	12/31/2021	Page	
Sahakian Glendale School Board District D 2017 Officeholder	Account					1390574	4
CNS campaign consultants MTC CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHC FND fundraising events PO	R member com G meetings and C office expens Petition circul O phone banks L polling and si S postage, deli O professional	munications d appearance ses lating urvey researd very and mes	s h	RAD radio a RFD returne SAL campa TEL t.v. or c TRC candid TRS staff/sp TSF transfe VOT voter for	the payment. irtime and production of the contributions of contributions of the contributions of the contributions of the contributions of the contribution of the co	ction costs meals nd meals of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	RIPTION OF PAY	MENT		AMOUNT PAID
Image Cube		LIT					\$5,088.76
Sylmar, CA 91342		LII					φ5,066.76
USPS		OFC					\$226.00
Glendale, CA 91206		OFC					φ 220.00
Facebook			Social Media Adve	ertising			\$232.79
Menlo Park, CA 94025							φ <i>2</i> 02.73
* Payments that are contributions or independent expenditures must also be sumr	marized on Sche	dule D.			SUB	TOTAL \$	5,547.55
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E si	ubtotals.)					\$	5,742.78
2. Unitemized payments made this period of under \$100						\$	96.00
3. Total interest paid this period on loans. (Enter amount from Sch	nedule B, Par	t 1, Columi	n (e).)			\$	0.00
4. Tatal naverants made this period. (Add Lines 4. 0, and 2. Esten	have and on	the Curren	ant Daga Caluma A	Line 6 \	TOT	A 1 &	5,838.78

Amounts may be rounded

to whole dollars.

Schedule E

SCHEDULE E

CALIFORNIA 460

Statement covers period

Schedule E Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE MAE OF FILER Sahakian Glendale School Board District D 2017 Officeholder Account					SCHEDULE E (CONCALIFORNIA 460 CALIFORNIA 460 FORM Page 10 of 14 I.D. NUMBER 1390574		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. 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)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munications I appearance es ating urvey researd very and mes	s	RAD radio RFD retur SAL cam TEL t.v. o TRC cand TRS staff, TSF trans	cribe the payment. pairtime and production rned contributions paign workers' salaries or cable airtime and prod didate travel, lodging, ar /spouse travel, lodging, sfer between committee or registration mation technology cost	duction costs nd meals and meals as of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF I	PAYMENT		AMOUNT PAID
Mailchimp Atlanta, GA 30308		WEB					\$195.23

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

SUBTOTAL \$

							SCHEDULE
chedule F Amounts may be rounded to whole dollars. ccrued Expenses (Unpaid Bills)			Statement co	vers period /2021	CALIF FC	460	
SEE INSTRUCTIONS ON REVERSE				31/2021	Page .	11	of
NAME OF FILER					I.D. NUN	MBER	
Sahakian Glendale School Board District D 2017 Officehol	der Account				13905	74	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. 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)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime RFD returned cont SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse t	and production cost ributions rkers' salaries irtime and production vel, lodging, and me ravel, lodging, and een committees of ton	on costs eals meals the same	e candida	te/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 PA THIS PERIO (ALSO REPORT O	D	BALANG	(d) STANDING CE AT CLOSE HIS PERIOD
							·
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0.00	\$ 0.00	\$ 0	0.00 \$	5 	0.00
Schedule F Summary							
Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)							0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.)	1 	PAID TOTAI	LS \$ _		0.00
Net change this period. (Subtract Line 2 from Line 1. Enteron the Summary Page, Column A, Line 9.)	er the difference here and			NI	ET \$	av be a neca	0.00
					141	_,	

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be whole doll		St from throu	atement covers period 7/1/2021 gh12/31/2021	CALIFO FOR	M 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBE	R
Sahakian Glendale School Board District D 2017 Officeholde	er Account					1390574	ŀ
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
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)* LEG legal defense	MBR member co MTG meetings al OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	mmunication nd appearar nses sulating ts survey rese blivery and n	ns nces	RAD ra RFD ra SAL c TEL t. TRC c TRS s TSF tr VOT v	describe the payment adio airtime and production eturned contributions ampaign workers' salaries v. or cable airtime and production and date travel, lodging, an taff/spouse travel, lodging, ansfer between committee oter registration formation technology costs	costs duction costs d meals and meals s of the same of	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (OF PAYMENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

0.00

TOTAL* \$

^{*} 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.

					•			COUEDINE
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement cov	ers period 2021	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2021	Page 13	of14
NAME OF FILER							I.D. NUMBER	
Sahakian Glendale School Board Distric	et D 2017 Officeholder Acco	ount					1390574	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. 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 OF FORGIVENESS THIS PERIOD		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$		PAID S——— FORGIVEN	s	RATE	\$	\$PER ELECTION
					DATE DUE		DATE INCURRED	
		s	\$	\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Sobodulo II Summary			,			(Enter (e) on Schedule I, Line 3)		

Schedule	Н	Sum	ma	ary

1	(Total Column (b) plus unitemized loans of less than \$100.)	.Ψ		
2	Payments received on loans	.\$	_0.00_	
3	Net change this period. (Subtract Line 2 from Line 1.)		0.00 a negative number)	

**If Required

Schedule I Miscellaneous	Increases to Cash	Amounts may be rounded to whole dollars.			nt covers period 7/1/2021	CALIFORNIA 460	
PET INCTELLECTIONS ON DE	EVEDOE				12/31/2021	Page 14 of 14	
EEE INSTRUCTIONS ON RE IAME OF FILER	EVERSE					I.D. NUMBER	
Sahakian Glendale	School Board District D 2017 Officeholder Account					1390574	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional in	nformation on appropriately labeled continuation sheets.				SUBTOTAL	0.00	
Schedule I Sum	mary						
. Itemized increase	es to cash this period.						
2. Unitemized increa	ases to cash of under \$100 this period						
3. Total of all interes	t received this period on loans made to others. (Scheo	dule H, Column (e).	.)		0.00		
I. Total miscellaneou	us increases to cash this period. (Add Lines 1, 2, and	3. Enter here and o	on the	TOTAL S	0.00		