Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print in	Date St		CALIFORNIA 460		
(Cottoning in Cotto Cottoning C1200 C12 10:0)		Statement covers period from 03/20/2011	Date of election if applicable: (Month, Day, Year) 201]	MII: 09	Page 1 of 3 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE		through06/30/2011	.			1	
1. Type of Recipient Committee: All Com	mittees Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	1			
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored		rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T) ☑ Amendment (Explain t) Correction Schedule	ermination) pelow)	Specia Supple Staten	erly Statement al Odd-Year Report lemental Preelection ment - Attach Form 495	
 Small Contributor Committee Political Party/Central Committee 		fficeholder Committee Iso Complete Part 7)	- Correction Scribdule	T and Summa	ly rage		
3. Committee information		NUMBER 336791	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO C	OMMITTEE)		NAME OF TREASURER				
NAHABEDIAN FOR SCHOOL BOARD	2011		TALINE ARSENIAN			•	
			MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)	· ·	4. i	CITY	STA	TE ZIP COI	D7	
			GLENDALE	C/			
CITY STATE			NAME OF ASSISTANT TREASU			<u> </u>	
GLENDALE CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	91202						
MALLING ADDRESS (IF DIFFERENT) NO. AND STREET	11 OK P.O. BC	2	MAILING ADDRESS				
CITY STATE	ZIP COI	DE AREA CODE/PHONE	CITY	STA	TE ZIP COL	DE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		·	OPTIONAL: FAX / E-MAIL ADDR	RESS			
4. Verification		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
I have used all reasonable diligence in preparing ar	nd reviewing	this statement and to the best of my kno	wiedge the information contained he	rein and in the attac	ched schedule	s is true and complete. I certify	
Perially experiency and of allo fathe of the office	ot California	that the loregoing is true and correct.	٠ .٨			, , , , , , , , , , , , , , , , , , ,	
Executed on		By Nac	Signature of Measurer or Assistant			_	
Executed on 01/30/2012		$\sim N_L$	Significant of Assessment	(1985CEEF			
Date		Signature of Cor	Rolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Of	ncer of Sporaer		
Executed on		Ву	Y Signature of Controlling Officeholder, Candidate, Si	ala Va		<u> </u>	
Executed on		b	organization in owing United 101081; California; S	нана маязыла Рторопаск			
Date		Ву	Signature of Controlling Officeholder, Candidate, St	ale Measure Proconent			

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 03/20/2011 CALIFORNIA 460

through 06/30/2011 Page 2 of 3

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER NAHABEDIAN FOR SCHOOL BOARD 2011 1336791 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTALTHIS PERIOD CALENDAR YEAR TOTALTODATE Running in Both the State Primary and (FROMATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 \$ ___ 34.664 1/1 through 6/30 7/1 to Date 0 n 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _ 15,342 34,664 20. Contributions Received 1,300 1,300 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 16,642 35.964 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 34,400 21,081 Candidates 7. Loans Made Schedule H, Line 3 0 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ _ 21,081 34,400 (if Subject to Voluntary Expenditure Limit) 3,495 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 3,495 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C. Line 3 1,300 1,300 (mm/dd/yy) 25,876 39,195 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _ 6.003 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 15,342 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4. from Column B of your last reported in Column B. report. Some amounts in 21.081 15. Cash Payments Column A, Line 8 above Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ _ 264 figures that should be subtracted from previous if this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____ 3.495

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Calcadada E					SCHEDUL
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be roun to whole dollars.		Statement coverage of the from 03/20	•	FORNIA 46
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 06/3	80/2011 Page	3 of 3
NAHABEDIAN FOR SCHOOL BOARD 2011				I.D. NU 1336	·
CODES: If one of the following codes accurately described CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MER member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ons ances search messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trans TRS staff/spouse tr TSF transfer betwee VOT voter registrati	ind production costs ibutions kers' salaries rtime and production cosel, lodging, and meals avel, lodging, and meals en committees of the sa	me candidate/sponso
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
AABC Glendale, CA 91201	TEL	0	1,500	0	1,50
Independent Studio Network Burbank, CA 91505	TEL	0	1,000	0	1,000
Independent Printers North Hollywood, CA 91606	Letterhead, stationary and envelopes	O	995	0	99
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0 \$	3,495	0 \$	3,495
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized paid to the second expenses of \$100 or more, plus total unitemized expen	accrued expenses under sedule F. Column (c) subto	\$100.) tals for payments on			3,495

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

. 1