

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
09/24/24  
SEP 26 AM 11:32  
CAMPAIGN FINANCE

Statement covers period  
from January 1, 2024  
through September 21, 2024

Date of election if applicable:  
(Month, Day, Year) 2024  
November 5, 2024

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central 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)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1471599

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Markarian for Burbank School Board Area 5 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91504 323-217-4654

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

annic.markarian@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Lisa Markarian

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91504 818-640-7325

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

OPTIONAL: FAX / E-MAIL ADDRESS

markarianla@gmail.com

**4. 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.

Executed on Sept. 24, 2024  
Date

By \_\_\_\_\_  
Signature Title

Executed on Sept. 24, 2024  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Annie Markarian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Burbank Board of Education, Area 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Burbank CA 91504

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>January 1, 2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 21, 2024</u>                      |                                |
| Page <u>3</u> of <u>11</u>                             |                                |
| I.D. NUMBER<br>1471599                                 |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Markarian for Burbank School Board Area 5 2024

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 8640  | \$ 8640                                    |
| 2. Loans Received..... Schedule B, Line 3            | 0  | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 8640  | \$ 8640                                    |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 55   | 55   |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 8695  | \$ 8695                                    |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections -**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 3412  | \$ 3412                                    |
| 7. Loans Made..... Schedule H, Line 3                      | 0  | 0  |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 3412  | \$ 3412                                    |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0  | 0  |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 55   | 55   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 3467  | \$ 3467                                    |

**Expenditure Limit Summary for State  
Candidates**

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

**Current Cash Statement**

|  |         |
|--|---------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 0    |
| 13. Cash Receipts..... Column A, Line 3 above                              | 8640    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0       |
| 15. Cash Payments..... Column A, Line 8 above                              | 3412    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 5228 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

**Cash Equivalents and Outstanding Debts**

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>11</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Markarian for Burbank School Board Area 5 2024 | I.D. NUMBER<br>1471599 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/18/2024          | Annie Markarian, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director, Housing Authority of the City of Los Angeles  | 500                         | 500  | 500                                   |
| 6/25/2024          | Jon Schafer, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner/VP, Schafer Electric  | 500                         | 500  | 500                                   |
| 6/18/2024          | Linda Walmsley, Burbank CA 91506  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200                         | 200  | 200                                   |
| 6/24/2024          | Isabel Velladao, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 250                         | 250  | 250                                   |
| 7/1/2024           | Sue Georgino, Toluca Lake, CA 91602   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 250                         | 250  | 250                                   |
| <b>SUBTOTAL \$</b> |   |   |   | 1700                        |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7700
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 940
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 8640

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>5</u> of <u>11</u> |
| NAME OF FILER<br>Markarian for Burbank School Board Area 5 2024                             |                            |
| I.D. NUMBER<br>1471599  |                            |

| DATE RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 7/1/2024                | Lisa Jochums, Westchester, CA 90045, USA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Shopify.Com   | 500                         | 500   | 500                                |
| 7/5/2024                | Aram Seropian, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, Home Restaurant  | 500                         | 500   | 500                                |
| 7/10/2024               | Lonnie Giamela, Yorba Linda, CA 92886, USA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Fisher & Phillips, LLP  | 100                         | 100   | 100                                |
| 7/12/2024               | Elena Hubble, Burbank CA 91506  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor, Engels & Volkers   | 250                         | 250   | 250                                |
| 7/13/2024               | Anne Marie Osgood, Burbank, CA 91505, USA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor, Keller Williams  | 100                         | 100   | 100                                |
| <b>SUBTOTAL \$ 1450</b> |   |   |   |                             |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>January 1, 2024</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>September 21, 2024</u>                      |                            |
| Page <u>6</u> of <u>11</u>                             | I.D. NUMBER<br>1471599     |

NAME OF FILER

Markarian for Burbank School Board Area 5 2024

| DATE RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO-DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 7/15/2024               | Carlos de Verona,<br>Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Cinematographer,<br>unemployed  | 150                         | 150   | 150                                |
| 7/22/2024               | Ken Schafer,<br>Burbank CA 91504  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner, Schafer Electric   | 1000                        | 1000  | 1000                               |
| 8/2/2024                | Barry Sarna,<br>91505<br>Burbank CA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Substitute Teacher, Burbank<br>Unified School District  | 100                         | 100   | 100                                |
| 8/3/2024                | Laura Hekking,<br>Burbank CA 91504  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100   | 100                                |
| 8/14/2024               | John Gerro,<br>Burbank CA 91502   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Gerro & Gerro,<br>Attorneys at Law  | 100                         | 100   | 100                                |
| <b>SUBTOTAL \$ 1450</b> |   |   |   |                             |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A. (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>7</u> of <u>11</u>  | I.D. NUMBER<br>1471599     |

NAME OF FILER

Markarian for Burbank School Board Area 5 2024

| DATE RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|------------------------------------|
| 8/17/2024               | David Donahue, Burbank CA 91506   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Construction, Jumpstart ADU   | 250                         | 250   | 250                                |
| 8/18/2024               | Emily Gabel-Luddy, Burbank CA 91506   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Instructor, UCLA Extension  | 500                         | 500   | 500                                |
| 8/13/2024               | Armin Khachadourian, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Technology Principal, AT&T  | 500                         | 500   | 500                                |
| 8/13/2024               | John Pierre Atallah, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Spokeo, Principal Devops Engineer   | 500                         | 500   | 500                                |
| 8/10/2024               | Roberta Reynolds, Burbank CA 91504  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pharmacist, HP Medical Center   | 250                         | 250   | 250                                |
| <b>SUBTOTAL \$ 2000</b> |   |   |   |                             |   |                                    |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA FORM 460</b>    |
| Page <u>8</u> of <u>11</u>  | I.D. NUMBER<br><u>1471599</u> |

NAME OF FILER

Markarian for Burbank School Board Area 5 2024.

| DATE RECEIVED           | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|-------------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 8/6/2024                | Chris Rizzotti, Burbank CA 91505  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO, Rizzotti Inc.  | 500                         | 500   | 500                                   |
| 8/22/2024               | Joel Schlossman, 919 CA 91504 Burbank   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200                         | 200   | 200                                   |
| 8/30/2024               | Karen Volpei-Gussow, CA 91504 Burbank   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor, Volpei-Gussow Real Estate Group  | 200                         | 200   | 200                                   |
| 9/15/2024               | Gary Bric, Burbank CA 91504   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200                         | 200   | 200                                   |
|                         |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |                                       |
| <b>SUBTOTAL \$ 1100</b> |   |   |   |                             |   |                                       |

\*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



**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>January 1, 2024</u> | <b>CALIFORNIA FORM 460</b>    |
| through <u>September 21, 2024</u>                      |                               |
| Page <u>9</u> of <u>11</u>                             | I.D. NUMBER<br><u>1471599</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Markarian for Burbank School Board Area 5 2024

| 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 OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 55
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 55

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>10</u> of <u>11</u>    |
|   | I.D. NUMBER<br>1471599         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Markarian for School Board Area 5 2024

**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)*                           | 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               | 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                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| SS Graphics<br>Wyandotte, MI 48192                                  | CMP     |                        | 652.46      |
| MTB Supply,<br>, Alhambra CA 91801                                  | CMP     |                        | 214.98      |
| Image Cube Printing,<br>, Suite 109, Sylmar CA 91342                | Lit     |                        | 427.06      |

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

**SUBTOTAL \$ 1294.5**

**Schedule E Summary**

|   |                         |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 3080.27              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 331.35               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$ 0                    |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$ 3411.62</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>January 1, 2024</u><br>through <u>September 21, 2024</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>11</u> of <u>11</u>   | I.D. NUMBER<br>1471599     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Markarian for Burbank School Board Area 5 2024

**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)*                           | 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               | 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                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Light Printing House, Burbank CA 91504                                 | LIT     |                        | 1012.98     |
| Wix.com, San Francisco, CA, 94158                                      | WEB     |                        | 252.79      |
| Burbank Temporary Aid Center, Burbank CA 91506                         | CVC     |                        | 120         |
| Los Angeles County, Registrar-Recorder/County Clerk, Norwalk, CA 90650 | FIL     |                        | 400         |
|  |         |                        |             |

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

**SUBTOTAL \$ 1785.77**