CALIFORNIA

Date Stamp

Recipier	nt Committee
	gn Statement
Cover P	

Campaign Statement Cover Page Government Code Sections 84200-842	216 5)			LOS ANGEL	VED BY ES COUN	ITY CAL	ORM 460
EE INSTRUCTIONS ON REVERSE	10.0)	from throu	01/01/2021 gh06/30/2021	Date of election if applicate: JUL 20 (Month, Day, Year) CAMPAIGN 03/03/2020	07/13/20 1 AM 9: 2 1 FINANC	Page .	1 of _7 _ For Official Use Only 20662 -
Type of Recipient Committe Officeholder, Candidate Controlle State Candidate Election Con Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Commi	ed Committee nmittee	Primarily Committe Contro Spons (Also Comple	Formed Ballot Measure be blled sored ble Part 6) Formed Candidate/ der Committee	Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	n)	Quarterly State Special Odd-Y Supplemental Statement - At	ear Report
COMMITTEE NAME (OR CANDIDATE'S ELEN ASATRYAN FOR COUNTY O				Treasurer(s) NAME OF TREASURER Cine D. Ivery MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY Inglewood	STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310)817-6679
Glendale MAILING ADDRESS (IF DIFFERENT) NO	CA	91202 P.O. BOX	AREA CODE/PHONE (310)817-6679	MAME OF ASSISTANT TREASURER, IF AI Michelle Moore Sanders MAILING ADDRESS	NY		
CITY Inglewood OPTIONAL: FAX / E-MAIL ADDRESS (310)672-6679 / cine@polit	CA	P CODE 90301	AREA CODE/PHONE	Inglewood OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA	ZIP CODE 90301	AREA CODE/PHONE (310)817-6679
Verification I have used all reasonable diligence is under penalty of perjury under the law	n preparing and revi	ewing this sta			attached s	schedules is true	and complete. I certify
Executed on JUL 1 Executed on JUL 1 Dat	3 2021		By		ible Officer of S	Sponsor	
Executed on	te	-1	Ву		nent	-	
			-,		the same of the sa		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE - PART 2
CALIF	ORNI ORM	^A 460
Page _	2	of _2 _

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLO	MEASURE			
Elen Asatryan							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABL	E)	BALLOT NO. OR I	ETTER JUR	RISDICTION		SUPPORT
County Central Committee Member Assembly I	District 43						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP					
	Glendale CA	91202	Identify the co	ontrolling officehol	der, candidate, or st	tate measure p	proponent, if an
	0.0114111		NAME OF OFFIC	EHOLDER, CANDIDATI	E, OR PROPONENT		
Related Committees Not Included in this S			OFFICE SOUGH	OR HELD		DISTRICT NO. I	FANIV
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed	to receive	OFFICE SOUGH	OK HELD		DISTRICT NO. I	FANT
contributions or make expenditures on benair or your	candidacy.						
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITT	TEE?			e/Officeholder Co		
NAME OF TREASURER	CONTROLLED COMMITT				e/Officeholder Co		
	☐ YES ☐ NO		officeholder(s)		which this committee is		ed.
	☐ YES ☐ NO		officeholder(s)	or candidate(s) for w	which this committee is	s primarily form	ed.
	☐ YES ☐ NO		officeholder(s)	or candidate(s) for w	which this committee is	s primarily form	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO		officeholder(s) NAME OF OFFIC	or candidate(s) for w	OATE OFFICE SOU	s primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	YES NO		officeholder(s) NAME OF OFFIC	or candidate(s) for w	OATE OFFICE SOU	s primarily form	SUPPORT OPPOSE
CITY STATE ZII	P CODE AREA COD		officeholder(s) NAME OF OFFIC	or candidate(s) for w	OATE OFFICE SOU	s primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO		NAME OF OFFIC	or candidate(s) for w	OATE OFFICE SOU	s primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	P CODE AREA COD		NAME OF OFFIC	EHOLDER OR CANDID	OATE OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZII	P CODE AREA COL	DE/PHONE	NAME OF OFFIC	EHOLDER OR CANDID	OATE OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	P CODE AREA COD	DE/PHONE	NAME OF OFFICE	EHOLDER OR CANDID	OATE OFFICE SOU	S primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZII	P CODE AREA COL	DE/PHONE	NAME OF OFFICE	EHOLDER OR CANDID	OATE OFFICE SOU	G primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. STATE ZII	P CODE AREA COL	DE/PHONE	NAME OF OFFICE	EHOLDER OR CANDID	OATE OFFICE SOU	G primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIII COMMITTEE NAME	P CODE AREA COL	DE/PHONE	NAME OF OFFICE	EHOLDER OR CANDID	OATE OFFICE SOU	G primarily form	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 460
from	01/01/2021	FORM TOO
through _	06/30/2021	Page3 of7
		I.D. NUMBER

OLD MAADY DACE

NAME OF FILER 1423337 ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 210.00 210.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B. Line 3 0.00 0.00 20. Contributions 210.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 210.00 Received Nonmonetary Contributions Schedule C. Line 3 0.00 0.00 21. Expenditures Made 210.00 210.00 **Expenditures Made Expenditure Limit Summary for State** \$ 22.49 Candidates 7. Loans Made Schedule H, Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ ____ 22.49 22.49 (If Subject to Voluntary Expenditure Limit) 0.00 2,221.78 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 2,244.27 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 65.63 To calculate Column B. add 210.00 amounts in Column A to the 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 22.49 15. Cash Payments Column A, Line 8 above Column A may be negative 253.14 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 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 18. Cash Equivalents See instructions on reverse \$ 0.00

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

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

A

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from01/01/2021	FORM 400
through06/30/2021	Page4 of7
	I.D. NUMBER
	1422227

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 2020

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/21/2021	Lucv Aidaharian Burbank, CA 91505	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inter ActBlue California Somerville, MA 02144-3	mediary:	
02/21/2021	Lucy Aidaharian Burbank, CA 91505	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inter ActBlue California Somerville, MA 02144-3	mediary:	_
03/21/2021	Lucy Aidaharian Burbank, CA 91505	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inter ActBlue California Somerville, MA 02144-3	mediary:	
04/21/2021	Lucy Aidaharian Burbank, CA 91505	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inter ActBlue California Somerville, MA 02144-3	mediary:	
05/21/2021	Lucy Aidaharian Burbank, CA 91505	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inter ActBlue California Somerville, MA 02144-3	mediary:	

*Contributor Codes

IND-Individual

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole		from01/01/	CALIFORNIA		ORM 460
				through 06/30/	/2021	Page _	5 of 7
NAME OF FILER						I.D. NUN	MBER
ELEN ASATRYA	N FOR COUNTY CENTRAL COMMITTEE 2020					14233	37
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 CALENDAR (JAN. 1 - DE	YEAR C. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/21/2021	Lucy Ajdaharian Burbank, CA 91505	□ IND □ COM □ OTH □ PTY □ SCC	Attorney Law Offices of David A. Tilem	25.00 Received through inte ActBlue California Somerville, MA 02144-	rmediary:	150.00	- 13
		□IND □COM □OTH □PTY □SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 25.00	WEST TO		

*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**

Stateme	ent covers period	CALIFORNIA 460
from	01/01/2021	FORM 400
through _	06/30/2021	Page _ 6 _ of _ 7
		I.D. NUMBER

Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER

COI OMP CNS CTB CVC FND FND LEG LT	DES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	member cor meetings ar office expe petition circu phone bank polling and postage, de	nmunications and appearance anses ulating s survey resea	es		escribe the payment, radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction costs nd meals and meals es of the same	200
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 0.00 2. Unitemized payments made this period of under \$100\$ 22.49 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2021 from through 06/30/2021 Page 7 I.D. NUMBER

1423337

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELEN ASATRYAN FOR COUNTY CENTRAL COMMITTEE 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, member communications radio airtime and production costs CNS campaign consultants meetings and appearances returned contributions

CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs

candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals

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

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

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
The Stark Group Glendale, CA 91202	CMP Campaign Expenses	2,021.78	0.00	0.00	2,021.7
Political Reporting Plus Inglewood, CA 90301	PRO Political Accounting - July, 2020	200.00	0.00	0.00	200.00
* Payments that are contributions or independent expenditures must also b	SUBTOTALS	\$ 2,221.78\$	0.00\$	0.00\$	2,221.78

Schedule F Summary

summarized on Schedule D.

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 0.00 May be a negative number