

Recipient Committee Campaign Statement Cover Page

Date Stamp
1/31/24
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LOS ANGELES COUNTY
2024 JAN -5 PM 3:20
CAMPAIGN FINANCE

CALIFORNIA FORM 460
Page _____ of _____
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Statement covers period
from 1/1/22
through 9/24/22

Date of election if applicable:
(Month, Day, Year)
11/8/22

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 4
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Amendment to indicate type of statement.

3. Committee Information

I.D. NUMBER
1454953

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

Bahmanov for School Board 2022

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas CA 91773 626 893 9987

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS
dbahmanov@aol.com

Treasurer(s)

NAME OF TREASURER

Chaniga Bahmanov

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas CA 91773 626 274 0805

NAME OF ASSISTANT TREASURER, IF ANY

Derek Bahmanov

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Dimas CA 91773 626 893 9987

OPTIONAL FAX / E-MAIL ADDRESS

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 1/31/24 1/3/24
Date

Executed on 1/31/24 1/3/24
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent