

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA
FORM **460**Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4/19/2026through 5/16/2026Date of election if applicable:
(Month, Day, Year)06/02/2026

Date Stamp

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

Included payments in the 1/1-4/18 statement which were in the
4/19-5/17 statement, over-reported the loan amount.

3. Committee InformationI.D. NUMBER
1488855

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

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

La Canada FlintridgeCA

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alexander Keledjian

MAILING ADDRESS

P.O. Box 1094

CITY STATE ZIP CODE AREA CODE/PHONE

La Canada FlintridgeCA91011

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 _____
DateExecuted on _____
DateExecuted on _____
DateExecuted on _____
DateBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nerses Aposhian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member, La Canada Flintridge City Council

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

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT

☐ 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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>15</u> I.D. NUMBER 1488855
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>9,550</u>	\$ <u>25,000</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>18,250</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>9,550</u>	\$ <u>43,250</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>967.35</u>	<u>5,583.35</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>10,517.35</u>	\$ <u>48,833.35</u>

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

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>13,268.52</u>	\$ <u>30,600.96</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>13,268.52</u>	\$ <u>30,600.96</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>967.35</u>	<u>5,583.35</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>14,168.87</u>	\$ <u>35,944.31</u>

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>16,607.56</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>9,550</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>13,268.52</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>12,889.04</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

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.

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>4/19/2026</u>	CALIFORNIA FORM 460
through <u>5/16/2026</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nerses Aposhian for LCF City Council 2026	I.D. NUMBER 1488855
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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)
5/12/2026	NA Estates Inc. 5178 Castle Road La Canada Flintridge, CA 91011	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000	1,000	
5/12/2026	Adjemian Law, APC 1574 W. Colorado Blvd. Pasadena, CA 91105	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000	1,000	
5/12/2026	Christina & Antranik Sarian 3715 Mayfield Ave. Glendale, CA 91214	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, NextHome Grandview	1,000	1,000	
5/12/2026	YSR CPA Group, P.C. 2529 Foothill Blvd., Ste 212 La Crescenta, CA 91214	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500	500	
4/26/2026	Nichols C. Byrne 1710 La Barranta Rd. La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	200	

SUBTOTAL \$ 3,600

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 9,550
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 9,550

*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 from <u>4/19/2026</u> through <u>5/16/2026</u>		CALIFORNIA FORM 460
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NAME OF FILER Nerses Aposhian for LCF City Council 2026		I.D. NUMBER 1488855

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)
05/06/2026	Burbank Airport Oil Corporation 4530 Angeles Crest Highway La Canada Flintridge, CA 91011	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100	100	
5/05/2026	Nichols C. Byrne 1710 La Barranca Rd. La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	200	
4/20/2026	John Peterson 5320 Alta Canyada Road La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate, North Palisade Partners	250	250	
4/21/2026	Michael Gavina 4626 Leir Drive La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Director of Accounting and Finance, Gavin Coffee Company	500	500	
4/22/2026	Rod Essen 4923 Carmel Road La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50	50	
SUBTOTAL \$ 1,000						

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
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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 from <u>4/19/2026</u> through <u>5/16/2026</u>		CALIFORNIA FORM 460
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NAME OF FILER Nerses Aposhian for LCF City Council 2026		I.D. NUMBER 1488855

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)
4/22/2026	Patrick Chraghchian 388 Cordova Street, Suite 280 Pasadena, CA 91101	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Adept	2,500	2,500	
4/22/2026	Arin Khodavardian 4257 Woodleigh Ln La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed	300	300	
4/22/2026	John Tatoulian 2146 Countryman Ln La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Building Contractor, Silver Star Construction Engineering, Inc	200	200	
4/27/2026	Derek Georgino 4840 Revlon Dr La Canada, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA, Consultant, PwC	100	100	
4/29/2026	Steven Schultz 1938 Ravista Ln La Canada, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50	50	
SUBTOTAL \$ 3,150						

*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 from <u>4/19/2026</u> through <u>5/16/2026</u>		CALIFORNIA FORM 460
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NAME OF FILER Nurses Aposhian for LCF City Council 2026	I.D. NUMBER 1488855
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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)
5/1/2026	Catherine Close 4305 Woodleigh Lane La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician, Kaiser Permanente	100	100	
5/6/2026	Araz Kassardjian 8124 Deering Avenue Canoga Park, CA 91304	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales, Twist	250	250	
5/6/2026	Nadia Shamsi 305 Oriole Road La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500	500	
5/9/2026	Steven Schultz 1938 Ravista Ln La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	50	100	
5/10/2026	Khachatur Saryan 4735 Orange Knoll Ave. La Canada, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist, Saryan Dental	200	200	
SUBTOTAL \$ 1,100						

*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 from <u>4/19/2026</u> through <u>5/16/2026</u>		CALIFORNIA FORM 460
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NAME OF FILER Nerses Aposhian for LCF City Council 2026		I.D. NUMBER 1488855

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)
4/22/2026	Nellie Yeretsian 835 Saint Katherine Dr. La Canada Flintridge, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Project Management, Brigham & Women's Hospital	200	200	
4/23/2026	Vaughn Holdings 300 Inverness Drive La Canada Flintridge, CA 91011	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500	500	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 700						

*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
from 4/19/2026
through 5/16/2026

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

I.D. NUMBER

1488855

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)
5/12/26	Mhare Mouradian 4620 Vineta Ave. La Canada, CA 91011	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner, Seyfarth Shaw	Joint Meet & Greet w/ Kim Bowman	967.35	967.35	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 967.35

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 967.35
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0
- 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 \$** 967.35

*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 from 4/19/2026 through 5/16/2026	CALIFORNIA FORM 460 Page 10 of 15
I.D. NUMBER 1488855	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	7.00
Outlook Newspaper 1038 Foothill Blvd. La Canada Flintridge, CA 91011	PRT		Print Ad	1,760
Image Cube, Inc. 15840 Monte St., Suite B-109, Sylmar, CA 91342	LIT POS		Mailers	1,164.67

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

SUBTOTAL \$ 2,931.67

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	13,268.52
2. Unitemized payments made this period of under \$100.	\$	0
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.)	TOTAL \$	13,268.52

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube, Inc. 15840 Monte St., Suite B-109 Sylmar, CA 91342	LIT POS		Mailers	1,285.03
Campaign Sidekick 1712 Pioneer Ave. Cheyenne, Wyoming 82001	WEB		Walking/Calling App	300
Google 1600 Amphitheatre Parkway, Mountain View, CA 94043	WEB		Account Payment	11.88
Campaign Sidekick 1712 Pioneer Ave. Cheyenne, Wyoming 82001	WEB		Walking/Calling App	112.28
Outlook Newspaper 1038 Foothill Blvd La Canada Flintridge, CA 91011	PRT		Print Ads	1,125

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

SUBTOTAL \$ 2,834.19

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>		CALIFORNIA FORM 460
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NAME OF FILER Nerses Aposhian for LCF City Council 2026		I.D. NUMBER 1488855

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meta (Facebook) 1 Hacker Way Menlo Park, CA 94025			Social Media Ads	250
Printefex 456 Foothill Blvd. La Canada Flintridge, CA 91011	LIT	WEB	Mailers/Lawn Signs	932.62
Mailchimp 405 N. Angier Ave. NE Atlanta, GA 30308	WEB		Emailing Services	110
Image Cube, Inc. 15840 Monte St., Suite B-109 Sylmar, CA 91342	LIT		Mailers	255.58
Outlook Newspaper 1038 Foothill Blvd La Canada Flintridge, CA 91011	PRT		Print Ads	1,140

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

SUBTOTAL \$ 2,688.2

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meta (Facebook) 1 Hacker Way Menlo Park, CA 94025			Meta Ads	75.02
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP	WEB	Fundraising Fee	7.00
LCHS 7/8 PTA 4463 Oak Grove Drive La Cañada, Flintridge, CA 91011	CVC		La Canada Spring Home Tour 2026 Donation	1,000
Image Cube, Inc. 15840 Monte St., Suite B-109 Sylmar, CA 91342	LIT		Mailers	65.85
Image Cube, Inc. 15840 Monte St., Suite B-109 Sylmar, CA 91342	LIT		Mailers	2,755.86

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

SUBTOTAL \$ 3,903.73

FPPC Form 460 (Jan/2016))

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	56.75
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	3.75
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	196.50
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	7.00
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	3.75

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

SUBTOTAL \$ 267.75

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>4/19/2026</u> through <u>5/16/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nerses Aposhian for LCF City Council 2026

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meta (Facebook) 1 Hacker Way Menlo Park, CA 94025			Social Media Ads	250
Printefex 458 Foothill Blvd. La Canada Flintridge, CA 91011	WEB LIT		Lawn Signs/Mailers	325.98
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	17.25
eFundraising Connections 2831 G Street, Suite 200, Sacramento, CA 95816	CMP		Fundraising Fee	49.75

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

SUBTOTAL \$ 642.98

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