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roponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on
roponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
able Officer of Sponsor		By.	Executed on 09/24/24
		By.	Executed on 09/24/24
the affached schedules is true and complete.	۵	ing this statement and t California that the fore	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and the certify under penalty of perjury under the laws of the State of California that the fore
	OPTIONAL: FAX/E-MAIL ADDRESS		ł
STATE ZIP CODE AREA CODE/PHONE	CITY	DDE AREA CODE/PHONE	CITY STATE ZIP CODE
	MAILING ADDRESS	×	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
	NAME OF ASSISTANT TREASURER, IF ANY	ODE AREA CODE/PHONE	CITY STATE ZIP CODE
STATE ZIP CODE ÄREÄ CODE/PHONE	CITY		STREET ADDRESS (NO P.O. BOX)
	MAILING ADDRESS		
	NAME OF TREASURER Brian Calderón Tabatabai	City Council 2024	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Brian Calderón Tabatabai Teacher for West Covina City Council 2024
	Treasurer(s)	1.D. NUMBER 1443050	3. Committee Information
		Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee
Quarterly StatementSpecial Odd-Year Report	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 8)	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Mss Compile Part 5)
erf §	2. Type of Statements Engles	omplete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
2: 25 2: 25	11/05/2024 2024 SEP 55 PH 2	through 09/21/2024	SEE INSTRUCTIONS ON REVERSE
Tage	0-J -	Statement covers period from 07/01/2024	
CALIFORNI FORM	De		Recipient Committee Campaign Statement Cover Page

Recipient Committee Campaign Statement Cover Page — Part 2

COVER FREE-FREE FOR E PART 2 OF 8	
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S. Officeholder or Candidate Controlled Committee	Attach continuation sheets if necessary		TE ZIP CODE AREA CODE/PHONE	STATE	CITY
NAME OF TREASURER NAME OF TREASURER NOMMITTEE NAME OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP COMMITTEE NAME T. COMMITTEE NAME STATE ZIP CODE AREA CODEPHONE COMMITTEE NAME 1.D. NUMBER 7. COMMITTEE NAME 1.D. NUMBER	<u> </u>	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? SS (NO P.O. BOX)		NAME OF TREASURE
NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE I.D. NUMBER CONTROLLED COMMITTEE AREA CODE/PHONE T. NUMBER 7. COMMITTEE NAME STATE ZIP CODE AREA CODE/PHONE	IDATE	NAME OF OFFICEHOLDER OR CANDIDATE	E. RORDEN		COMMITTEL
NAME OF TREASURER Residential Ename of Candidate Controlled Committee Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 Residential business address (No. and Street) City 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 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	DIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE	STA	COMMITTEE NAME
NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 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 CONTROLLED COMMITTEE? 7.	DIDATE	NAME OF OFFICEHOLDER OR CANDIDATE			COMMITTEE ADDRES
NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 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	ate/Office		CONTROLLED COMMITTEE?	33 1	NAME OF TREASURE
NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 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.			I.D. NUMBER		COMMITTEE NAME
Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER JF APPLICABLE) City Council District 1 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		.	In this Statement: List any committees led by you or are primarily formed to receive of your candidacy.	ttees Not Included statement that are control to expenditures on behaling	Related Commit not included in this s contributions or make
Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council District 1 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	IDIDATE, OR PI	NAME OF OFFICEHOLDER, CAN			
Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER JF APPLICABLE) City Council District 1	rolder, candid	- i	STATE	ESS ADDRESS (NO. AND	RESIDENTIAL/BUSIN
Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Brian Calderón Tabatabai	JURISDICTION	XR LETTER	ON AND DISTRICT NUMBER (FAPPLICABLE)	HELD (INCLUDE LOCATION) PICT 1	OFFICE SOUGHT OR City Council Dist
Officeholder or Candidate Controlled Committee		NAME OF BALLOT MEASURE		LDER OR CANDIDATE abatabai	NAME OF OFFICEHO Brian Calderón T.
	Measure (ed Committee	Candidate Control	

Car Su paign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

www.fppc.ca.gov		-		
FPPC Advice: advice@fnnc.ca.gov (866/275-3772)	EPPC Advic		\$ 20000.00	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	, 1, 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	from Lines 2, 7, and 9 (if any).	\$ 0.00	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	हें इंट	filed for this calendar year, only carry over the amounts	\$ 0.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	-			ement, Line 16 must be zero.
	~	amounts in Column A may be negative figures that	\$ 4132.94	15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE
*Amounts in this section may be different from amounts reported in Column B.		amounts from Column B	0.00	14. Miscellaneous Increases to Cash Schedule I, Line 4
		To calculate Column B, add amounts in Column	23555.00	13. Cash Receipts Cotumn A, Line 3 above
\$			000	
€		\$ 19422.06	\$ 19422.06	11. TOTAL EXPENDITURES MADE
٥	- (mm/dd/yy)	0.00	0.00	10. Nonmonetary Adjustmentschedule C, Line 3
tion Total to Date	- Date of Election	0.00	0.00	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3
Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit)	22. Cu	\$ 19422.06	\$ 19422.06	SUBTOTAL CASH PAYMENTS Add Lines 6 +
		0.00	1	Cans Made
Limit Summary for State	Expenditure L Candidates	s 19422.06	s 19422.06	Expenditures Made Schedule F. Line 4
\$	Made	\$ 23555.00	\$ 23555.00	TOTAL CONTRIBUTIONS RECEIVED
	21. Expenditures	0.00	0.00	Nonmonetary ContributionsSchedule C, Line
φ 	20. Contributions	\$ 23555.00	\$ 23555.00	2. Loans Received Scredule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	! :	\$ 3555.00 20000.00	\$ 3555.00 20000.00	Monetary Contributions Schedule A, Line
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Sur Running in Both t General Elections	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1443050				Brian Calderón Tabatabai
I.D. NUMBER	,			NAME OF FILER
Page 3 of 8	ıgh 09/21/2024	through		SEE INSTRUCTIONS ON REVERSE
california 460	Statement covers period 07/01/2024	from	to whole dollars.	Summary Page

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Calderón Tabatabai

Amounts may be rounded

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	TO PATE		021000000000000000000000000000000000000		CONTRIBUTOR OCCUPATION AND EMBLOYER	CONTRIBUTOR	6
	PER ELECTION	E TO DATE	CUMULATIVE TO DATE	AMOUNT	IE AN INDIVIDUAL ENTER		E CODE OF
	1.D. NUMBER 1443050	1.D. NUM 1443050	:				
	of 8	Page 4)24	through 09/21/2024			
//	FORM 400	ן ייר [from 07/01/2024			
	CALIFORNIA ACO	CΔ	ers period	Statement covers period	to whole dollars.	toı	

		TOTAL \$ 600.00	SUBTOTAL (
100.00	100.09	100.00	Teacher CAVA	COM COM DOTH SCC	Eric Tabatabai	09/09/2024
100.00	100.00	100.00	Retired N/A	D COM	Irma P. Tabatabai	09/04/2024
100.00	100.00	100.00	Retired N/A	ZIND COM DOTH PTY SCC	Alireza Tabatabai	09/04/2024
200.00	200.00	200.00	General Contractor Universal Service Tec	ZIND COM OTH PTY	David Olmedo	08/31/2024
100.00	100.00	100.00	Attorney County of LA	☑IND □COM □PTY □SCC	Caroline Torosis	07/30/2024
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED

Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100\$ Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.).....\$
- Total monetary contributions received this period.

OTH - Other (e.g., business entity)
PTY - Political Party COM - Recipient Committee (other than PTY or SCC) *Contributor Codes IND — Individual SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Brian Calderón Tabatabai

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	through 09/21/2024	Statement covers period from 07/01/2024
1.D. NUMBER 1443050	Page 5 of 8	FORM 460

		\$ 1750.00	SUBTOTAL \$ 1750.00			
250.00	250.00	250.00	Attorney Gutierrez Law	DOTH SCC	James Gutierrez	09/21/2024
100.00	100.00	100.00	IT Pomona College	COM COM DOTH SCC	Denis Recendez	09/19/2024
350.00	350.00	350.00	Teacher LAUSD	OTH	Celenia Calderon	09/18/2024
400.00	400.00	400.00	Retired N/A	COM	Shahrzad Shishegar	09/17/2024
650.00	650,00	650.00		□ IND □ COM □ OTH □ SCC	Drive Committe FEC ID #C00032979	09/10/2024
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER CCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DATE

*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

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Amounts may be rounded

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Schedule B - Part 1		to whole dollars.		lan a bl an	Statement covers period	rs period	CALIFORNIA /	
Loans Received				 -	from 07/01/2024		FORM	004
SEE INSTRUCTIONS ON REVERSE				#	through 09/21/2024		Page 6	of 8
NAME OF FILER							I.D. NUMBER	
Brian Calderón Tabatabai							1443050	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Brian Calderón Tabatabai	Teacher			□ PAID • 0.00	\$ 20000.00	0.00 %	\$ 20000.00	20000.00
1333 S. Meeker Ave	El Monte Union High		·	FORGIVEN		RATE		PER ELECTION**
West Covina, CA 91/0	SCHOOL DISUTE:	\$ 20000.00	\$ 20000.00	\$ 0.00	12/31/25	\$ 0.00	08/27/24	20000.00
T IND COM OTH PTY SCC					DATEDUE		DATE INCURRED	2
				PAID			•••	CALENDAR YEAR
					\$	2	\$	€9
			· Levense	FORGIVEN		3		PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC		\$# 	*	S	DATE DUE	\$	DATE INCURRED	\$
				CIIVA [CALENDAR YEAR
			· · · · · · · · · · · · · · · · · · ·	\$ FORGIVEN	Î	RATE	\$	PER ELECTION**
TO ND COM COTH CIPTY COSC		5	\$		DATE DUE	\$	DATE INCURRED	€ 3
	S	SUBTOTALS \$	\$	æ	\$			
						(Enter (e) on Schedule E. Line 3)	aE tine3)	

, Q	Schedule B Summary
	1. Loans received this period
	(Total Column (b) plus unitemized loans of less than \$100.)
Ņ	2. Loans paid or forgiven this period
	(Total Column (c) plus loans under \$100 paid or forgiven.)
	(Include loans paid by a third party that are also itemized on Schedule A.)
ယ္	3. Net change this period. (Subtract Line 2 from Line 1.)
	Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee †Contributor Codes IND -- Individual COM -- Recipient Committee

** If required. *Amounts forgiven or paid by another party also must be reported on Schedule A.

Schedule E Payments Made

Amounts may be rounded to whole dollars.

from 07/01/2024

Statement covers peri-

	S
Page 7 of 8	CALIFORNIA 460

through 09/21/2024	Page 7 of 8
NAME OF FILER	1.D. NUMBER
Brian Calderón Tabatabai	1443050

MITTER_ALSO ENTER LD. NUMBER) MITCH meetings and appearances SAL PET petition circulating PHO phone banks POL politing and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION WEB Social Media Mariketing Credit Card Payment	ving codes accurately describes the p		O	
ITEL PET petition circulating PHO phone banks TRC PHO phone banks and survey research TRS POS postage, delivery and messenger services TSF PRO professional services (legal, accounting) VOT PRO print ads IND ADDRESS OF PAYEE IND ADDRESS OF PAYEE IND ADDRESS OF PAYEE Social Media Marketing Credit Card Payment Credit Card Payment	campaign paraphemalia/misc. MBR campaign consultants MTG contribution (explain nonmonetary)* OFC	8		
ng/opposing others (explain)* POL politing and survey research POS postage, delivery and messenger services (legal, accounting) PRI print ads CODE OR DESCRIPTION THE, ALSO ENTER 1D, NUMBER) CODE OR DESCRIPTION Social Media Marketing Credit Card Payment	civic donations candidate filing/ballot fees PHO			60
PRT print ads CODE OR DESCRIPTION OF PAYMENT THER, ALSO ENTER LD. NUMBERY Social Media Marketing Credit Card Payment 429	fundraising events POL independent expenditure supporting/opposing others (explain)* POS legal defense PRO	enger services , accounting)		ne candidate/sponsor
IND ADDRESS OF PAYEE THER, ALSO ENTER LD, NUMBERY) CODE OR DESCRIPTION OF PAYMENT Social Media Marketing Credit Card Payment 429	campaign literature and mailings PRT		L	⊱mail)
Social Media Marketing Credit Card Payment		OR	ON OF PAYMENT	AMOUNT PAID
Credit Card Payment	Hazael Media and Marketing	Social Media Marketing		15000.00
	Schools First Federal Credit Union	Credit Card Payment		4286.20

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule 3.

SUBTOTAL \$ 19286.20

135,86 19286.20

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

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

www.fppc.ca.gov

Schedule G

Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent

Amounts may be rounded to whole dollars.

from 07/01/2024	Statement covers period
FORM	CALIFORNI

SCHEDULE G

through 09/21/2024 Page 8

I.D. NUMBER 1443050

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NAME OF FILER

Brian Calderón Tabatabai

SEE INSTRUCTIONS ON REVERSE

SchoolsFirst Federal Credit Union

0,	FND fundraising events IND independent expenditure supporting/opposing officers (explain)*	,	CVC civic donations		CMP campaign paraphemalia/misc.	CODES: If one of the following codes as
		ינוך	711	~ =	~	curately describes to
professional services (legal, accounting) print ads	POL polling and survey research POS postage, defivery and messenger services TO	phone banks	petition circulating	MTG meetings and appearances OFC office expenses S	MBR member communications	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment
VOT voter registration WEB information technology costs (Internet, e-mail)	TSF transfer between committees of the same candidate/sponsor		TEL ty. or cable airtime and production costs	RFD returned contributions SAL campaign workers' salaries		rise, describe the payment.

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

Attach additional information on appropriately labeled continuation sheets.		Mitchell Publishing & Mailers	Political Data Intelligence	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER LD. NUMBER)
		Ħ	VOT	CODE
TOTAL* \$ 2355.23				OR DESCRIPTION OF PAYMENT
2355.23		1155.23	1200.00	AMOUNT PAID

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or