

COPY

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COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84218.5)

CALIFORNIA 460

Page 1 of 17

For Official Use Only

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	Date of election if applicable: (Month, Day, Year) <u>April 7, 2009</u>
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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 5)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preselection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preselection Statement - Attach Form 485

3. Committee Information

I.D. NUMBER
1265291

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

RE-ELECT BOB YOUSEFIAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

GLENDALE CA 91206

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

ARMINEH CHELEBIAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

WINNETKA CA 91306

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 here 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 3/31/09
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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

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

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>17</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT VOUSEFMAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] GLENDALE CA 91206

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	460 Page <u>3</u> of <u>17</u>
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

2009

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>18849-</u>	\$ <u>22319-</u>
2. Loans Received Schedule B, Line 3	<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>18849-</u>	\$ <u>22319-</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>-</u>	<u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>18849-</u>	\$ <u>22319-</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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>50783-</u>	\$ <u>79711-</u>
7. Loans Made Schedule H, Line 3	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>50783-</u>	\$ <u>79711-</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment Schedule G, Line 3	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>50783-</u>	\$ <u>79711-</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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>45480-</u>
13. Cash Receipts Column A, Line 3 above	<u>18849-</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-</u>
15. Cash Payments Column A, Line 8 above	<u>50783-</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>13,546-</u>

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

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 8 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

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

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

FPPC Form 400 (January 2008)
FPPC Toll-Free Helpline: 800/ASK-FPPC (800/275-6172)

FROM : RSC

FRX NO. : 818 772 8176

Apr. 01 2009 10:02PM PS

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>17</u>
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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) <u>2009</u>	PER ELECTION TO DATE (IF REQUIRED) <u>SEPT 08 -></u>
2/23/09	GORGE ENTERPRISE INC [REDACTED] PASADENA CA 91106 485	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	1000 -
3/4/09	DOMUS DESIGN [REDACTED] GLENDALE CA 91205 446	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	500 -	500 -
3/4/09	APPLIED SOIL TECHNOL. [REDACTED] GLENDALE CA 91204 447	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	500 -	500 -
3/13/09	M.T. SHORAKA RE. [REDACTED] LA L.A. CA 90024 448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	1000 -
3/13/09	SIMA SHIDFAR [REDACTED] GLENDALE CA 91202 449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	1000 -
SUBTOTAL \$				<u>4000 -</u>		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 18,750 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 99 -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 18,849 -

*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
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 02-22-09
through 03-21-09

CALIFORNIA FORM **460**

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I.D. NUMBER
1265291

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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)
3/4/09	NASSER MATLOOB D.V.M. [REDACTED] BEVERLY HILLS CA 90212 450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	2009 1000 -	2008 SEPT → 1000 -
3/4/09	BURBANK MEDIA CENTER LLC [REDACTED] GLENDALE CA 91204 451	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	500 -	500 -
3/12/09	SHAWBETH INC. [REDACTED] GLENDALE CA 91204 452	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	1000 -
3/16/09	MARTIN SHATAKHIAN [REDACTED] VAN NUYS CA 91405 453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT SGT	1000 -	1000 -	1000 -
3/16/09	IDA AGHAJANIAN [REDACTED] *151 GLENDALE CA 91204 454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTROLLER SGT	1000 -	1000 -	1000 -
SUBTOTAL \$				<u>4500 -</u>		

Schedule A Summary

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

*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
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>17</u>	
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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)
3/16/09	NATIONAL FIRE SYSTEMS & SERVICES INC. [REDACTED] GLENDALE CA 91203 455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	2009 500-	SEPT 2008 → 500-
2/27/09	CALIFORNIA METAL WORKS [REDACTED] SAN VALLEY CA 91252 456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500-	500-	500-
2/26/09	PRECISE AIR SYSTEMS INC [REDACTED] GLENDALE CA 91204 457	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	1000-	1000-
3/16/09	FIRECOM TECHNOLOGIES INC [REDACTED] LA CRESCENTA CA 91214 458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	1000-	1000-
3/18/09	NORMA E. CALICA [REDACTED] GLENDALE CA 91208 459	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESSWOMAN PHAS	300-	300-	300-
SUBTOTAL \$				<u>3300-</u>		

Schedule A Summary

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

*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
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>17</u>	LD. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE A	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)
2/28/09	PARTEV ANOSSIAN [REDACTED] GLENDALE CA 91207 461	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200-	200-	200- →
2/28/09	GEORGE ISSAIANS [REDACTED] GLENDALE CA 91202 462	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	250-
2/27/09	HOVIK AGHAIAN [REDACTED] 463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	250-
2/28/09	HRACH KHUDATYAN [REDACTED] GLENDALE CA 91206 464	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN SELF EMPLOYD	300-	300-	300-
2/24/09	GARY R. CORNEIL [REDACTED] LA CA 90086 465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100-	100-	100-

SUBTOTAL \$ 1100.-

Schedule A Summary

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

*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
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>17</u> I.D. NUMBER <u>1265291</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFAN

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) →
2/28/09	ARMEN NORADIAN [REDACTED] GLENDALE CA 91201 460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE PROPT. MGT. BRAND PROPERTIES INC.	500-	1000- 2009	1000- SEPT 2008
2/28/09	ARMEN NORADIAN [REDACTED] GLENDALE CA 91201 467	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE PROPT. MGT. BRAND PROPERTIES INC.	500-	1000-	1000-
2/23/09	HENRY SCHOESSLER [REDACTED] GLENDALE CA 91207 468	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOY	250-	250-	250-
2/28/09	DPFE CORPORATION [REDACTED] GLENDALE CA 91214 469	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150-	150-	150-
2/26/09	CYTYDEL PLASTIC INC [REDACTED] GARDENA CA 90248 470	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	500-

SUBTOTAL \$ 1900-

Schedule A Summary

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

*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

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

FROM : RSC
FRM NO. : 818 772 8176
Apr. 01 2009 10:06PM P12

**Schedule A
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>17</u>
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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) <u>2009</u>	PER ELECTION TO DATE (IF REQUIRED) <u>SEPT 2008 -></u>
2/26/09	<u>ANDI BAE CHI-WOO</u> [REDACTED] <u>GLENDALE CA 91208 471</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>PRESIDENT</u> <u>GENESIS CONSLTG.</u> <u>INC.</u>	<u>500-</u>	<u>500-</u>	<u>500-</u>
2/26/09	<u>MARY H. LEE</u> [REDACTED] <u>PASADENA CA 91101 472</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>DEVELOPMT. MGR.</u> <u>KOREAN AMERICA-</u> <u>PEDER. OF LA</u>	<u>100-</u>	<u>100-</u>	<u>100-</u>
2/26/09	<u>STEVE CHO</u> [REDACTED] <u>LOS ANGELES CA 90017 473</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CPA</u> <u>STEVE CHO CPA</u> <u>SELIM EMPLOY</u>	<u>200-</u>	<u>200-</u>	<u>200-</u>
2/27/09	<u>PREP ACADEMY LC</u> [REDACTED] <u>LA CRESCENTA CA 91244 474</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>250-</u>	<u>250-</u>	<u>250-</u>
2/26/09	<u>EDWARD YOUNG KOO</u> [REDACTED] <u>LOS ANGELES CA 90010 475</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REALTOR</u> <u>CALIF. REALTY</u> <u>& INVEST.</u>	<u>200-</u>	<u>200-</u>	<u>200-</u>
SUBTOTAL \$				<u>1250-</u>		

Schedule A Summary

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

*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

FROM : FSC
FAX NO. : 818 772 8176
Apr. 01 2009 10:06PM P13

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>17</u>	
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSSEFIAN

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) <u>2009</u>	PER ELECTION TO DATE (IF REQUIRED) <u>SEP 2008</u>
2/26/09	SUNG WOONG KIM [REDACTED] LOS ANGELES CA 90006 476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE CHAIR KOREAN AMERICAN UNITED FOUND.	100-	300-	300-
2/26/09	SUNG WOONG KIM [REDACTED] LOS ANGELES CA 90006 477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE CHAIR KOREAN AMERIC. UNITED FOUND.	100-	300-	300-
2/26/09	SUNG WOONG KIM [REDACTED] LOS ANGELES CA 90006 478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE CHAIR KOREAN AMERIC. UNITED FOUND.	100-	300-	300-
2/26/09	SCARLETT EUM [REDACTED] LOS ANGELES CA 90010 479	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRWOMAN POLLYX CORP INC.	500-	500-	500-
2/26/09	JUNG W. KIM [REDACTED] LOS ANGELES CA 90022 480	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL STATE BROKER PRESIDENT RICHLAND REALTY	100-	100-	100-
SUBTOTAL \$				<u>900-</u>		

Schedule A Summary

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

*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
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>17</u>	I.D. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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)
2/26/09	TY SUN CORP. DBA TAE YANG TOUR & TRAVEL [REDACTED] LOS ANGELES CA 90010 481	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300-	300-	300-
2/26/09	PETER JUNG [REDACTED] LA CANADA CA 91011 482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CREW KIT WENT INC.	1000-	1000-	1000-
2/26/09	RADIX FIRE PROTECTION INC [REDACTED] LOS ANGELES CA 90021 483	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	500-
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1800-

Schedule A Summary

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

*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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-5772)

FROM : RSC
FAX NO. : 818 772 8176
Apr. 01 2009 10:08PM P17

**Schedule E
Payments Made**

Print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

Statement covers period from <u>02-22-07</u>	CALIFORNIA FORM 460
through <u>03-21-07</u>	Page <u>12</u> of <u>17</u>
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSEFIAN

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 telecommunications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFN 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 expenditures 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 printing jobs	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
<u>ARISTOTLE VOTER LIST</u>		<u>VOTER LIST</u>	<u>867.09</u>
<u>TRAGUE OGAMIAN</u>		<u>TV AD VANZOR TV</u>	<u>1200-</u>
<u>US POSTMASTER GLENDALE MAIN</u>		<u>POSTAGE-MAILING</u>	<u>4023.39</u>

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

SUBTOTAL \$ 6090.48

Schedule E Summary:

1. Itemized payments made this period. (Include all Schedule E subtotals)	\$ <u>50728.26</u>
2. Unitemized payments made this period of under \$100	\$ <u>54.80</u>
3. Total interest paid this period on loans. (Enter amount from Schedule Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>50783.06</u>

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period <u>02-22-09</u>	CALIFORNIA 2009 460
th <u>03-21-09</u>	Page <u>13</u> of <u>17</u>
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RE ELECT BOB YOUSEFIAN

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

CMP campaign paraphernalia/misc.	MER member communications	radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	returned contributions
CTB contribution (explain nonmonetary)*	OFI office expenses	campaign workers' salaries
CVC civic donations	PET petition circulating	t.v. or cable airtime and production costs
FL candidate filing/ballot fees	PHO phone banks	candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POB postage, delivery and messenger services	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	voter registration
LIT campaign literature and mailings	PRT print ads	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIP OF PAYMENT	AMOUNT PAID
<u>WARREN PRINTING & MAILING INC.</u> [REDACTED] <u>EAGLE ROCK CA 90041</u>		<u>MAILER</u>	<u>1232.46</u>
<u>ARMENIAN MEDIA GROUP OF AMERICA</u> [REDACTED] <u>GLENDALE CA 91201</u>		<u>TV AD</u>	<u>4000-</u>
<u>TIME WARNER CABLE MEDIA SALES</u>		<u>TV AD</u>	<u>4774.45</u>
<u>HIGH VISION</u>		<u>TV AD</u>	<u>3000-</u>
<u>TENLY BATES</u> [REDACTED] <u>VALENCIA CA 91354</u>		<u>CONSULTING</u>	<u>1000-</u>

SUBTOTAL \$ 14006.91

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

FPPC Form 400 (January 09)
FPPC Toll-Free Helpline: 866ASK-FPPC (866276-3772)

FROM : RSC

FRX NO. : 818 772 8176

Apr. 01 2009 10:09PM P18

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02-22-09</u>	460
through <u>03-21-09</u>	
Page <u>14</u> of <u>17</u>	
I.D. NUMBER <u>1265291</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE ELECT BOB YOUSSEFIAN

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MER member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | ORC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FL 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 defenses | 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
<u>ZEN LE PEB</u>		<u>CONSULTING FEE</u>	<u>1000 -</u>
<u>POLITICAL DATA</u> <u>[REDACTED] BURBANK CA 91507</u>		<u>DATA</u>	<u>141.64</u>
<u>LA VIEW</u>		<u>TV AD</u>	<u>4000 -</u>
<u>GLENDALE FOCUS</u> <u>[REDACTED]</u> <u>GLENDALE CA 91203</u>		<u>AD</u>	<u>1060 -</u>
<u>CITY OF GLENDALE</u> <u>[REDACTED]</u> <u>GLENDALE CA 91204</u>			<u>60 -</u>

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

SUBTOTAL \$ 6261.64

FPPC Form 400 (January 2005)
FPPC Toll-Free Helpline: 800ASAC-FPPC (800276-3772)

FROM : RSC

FRAX NO. : 818 772 8176

Apr. 01 2009 10:09PM P19

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02-22-9</u>	460
through <u>03-21-09</u>	
	Page <u>15</u> of <u>17</u>
	I.D. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RE ELECT BOB YOUJEFIAN

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MER member communications | RAD radio, airline 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 airline and production costs |
| FL 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 |
| LT 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
ASIAN JOURNAL [REDACTED] LOS ANGELES CA 90017		AD	1800-
AABC [REDACTED] GLENDALE CA 91201		TV AD	3000-
BAREY TV [REDACTED] GLENDALE CA 91206		TV AD	1500-
PRINT ON AII [REDACTED] GLENDALE CA 91021		YARD SIGNS	2593.67
BALITA MEDIA INC [REDACTED] GLENDALE CA 91206		AD	1500-

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

SUBTOTAL \$ 10393.67

FFPC Form 400 (January 2009)
FFPC Toll-Free Helpline: 800-633-FFPC (636-273-3772)

FROM : RSC

FRX NO. : 818 772 8176

Apr. 01 2009 10:10PM P20

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	460
	Page <u>16</u> of <u>17</u>
	I.D. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RE ELECT BOB YOUSEFIAN

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

CMP campaign paraphernalia/c.	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
FL 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	TSP 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
TAMZARA GRAPHICS [REDACTED] GLENDALE CA 91201		AD DESIGN	1180-
AICO PRINTING INC. [REDACTED] GLENDALE CA 91204		MAILER	3193.58
US POSTMASTER GLENDALE MAIN		POSTAGE - MAILING	4913-
WARNER PRINTING & MAILING INC. [REDACTED] EAGLE ROCK CA 90041		MAILER	1482.58
TIME WARNER CABLE MEDIA		TV AD	1611.60

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

SUBTOTAL \$ 12,380.56

FPPC Form 400 (January 08)
FPPC Toll-Free Helpline: 888.ABC.FPPC (888.276.5772)

FROM : RSC

FAX NO. : 918 772 8176

Ppt. 01 2009 10:10PM P21

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02-22-09</u> through <u>03-21-09</u>	460
	Page <u>17</u> of <u>17</u>
	I.D. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

RE ELECT BOB YOUSEFIAN

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

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MER 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 | FET petition circulating | TEL tv. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHD 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 | TSE 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
<u>BRIAN J. ELLIS</u>		<u>MAIL LIST MGT.</u>	<u>1100-</u>
<u>GLENDALE BEAUTIFUL</u> <u>GLENDALE CA 91206</u>		<u>TREE DONATION</u>	<u>495-</u>

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

SUBTOTAL \$ 1595-