497	Contribution	Re	port
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### Type or print in lak, Amounts may be rounded to whole dollars.

				497 CC	ONTRIBUTION REPORT
NAME OF FILER		Date of		Date Stamp CALIFO	RNIA 407
Sam Khushyan for	r L.A. Community College 2015	This Filing	02/17/2015	FOR	2M 45/
AREA COOE/PHONE NU	MBER I.D. NUMBER (#apploade)	1		2010 FE3 19 APTH: 53 For	Official Use Only
	1373853	Report No. 2	-17-15SK		
STREET ADDRESS	2373033	$\dashv$ _		LOAMPNICK FINANCE	
		☐ Amendme to Report No.		CAMPAIGN FINANCE BISCLOSURE SELVEN	
CITY	STATE ZIP CODE	(explein below)			
	SIAIE DECOUE	No. of Pages	1	1 .	
		No. of Pages		<u> </u>	
1. Contributio	n(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB	UTOR	CONTRIBUTOR	(F AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SRLF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/13/2015	Auto Body Clinic Center, Inc.				1,000.00
				1	
			☐ COM 図 OTH	·	☐ Check if Loan
			□ PTY		☐ Cueck ii coaii
			scc		%
02/13/2015	NASA Services				, Provide Interest rete
02/23/2015	JOSA SELVICES		☐ IND		2,000.00
			☐ COM		
			ĭ OTH		☐ Check if Loan
			[] PTY		
			□ scc		Provide Interest rate
02/13/2015	Servicemaster Restore				2,000.00
			IND		
			☐ COM		
-			D PTY		☐ Check if Loan
			scc		%
					Provide interest rate
				*Contributor Codes	
				IND-Individual COM-Recipient Committee (of	her than PTY or SCC)
	•			OTH - Other (e.g., business en	tity)
Reason for Amenda	ment			PTY - Political Party  SCC - Small Contributor Commit	tine
				COS - Carall Cost and Opt Cost (19)	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribut	ion Report Amounts	Type or print in it may be rounded to	ik. whole dollars.	LAS PERENT MASTER	CONTRIBUTION REPORT
NAME OF FILER  Sam Khushyan foz  AREA CODE/PHONE NUM  STREET ADDRESS	L.A. Community Collage 2015  MBER I.D. NUMBER (# applicable)  1373853	Date of This Filing Report No.	ent	D 4 0	
СПУ	STATE ZIP CODE	(explain below) No. of Page		•	
1. Contribution	n(s) Received				_
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/13/2015	Tomshire Pharmacy Inc.		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00
			IND COM OTH PTY SCC		Check if Loan
			IND COM OTH PTY SCC		Check if Loan  Provide interest rate
Reason for Amendm	nent:			*Contributor Codes IND – individual COM – Recipient Committee (c OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	mtity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

407	A 4	
Au.		1 MARAE
731	Contribution	LICEUULI

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

	Autop	into mary be recorded to wi	IVIQ WORKERS	7 co. 497 C	ONTRIBUTION REPORT
NAME OF FILER		Date of	02/12/2025	Date Stemp CALIFO	
AREA CODE/PHONE NU	r L.A. Community College 2015  MSER LD. NUMBER (# applicable)  1373853	This Filing Report No. 2-		2015 FED 19 AMILES	Official Use Only
STREET ADDRESS		☐ Amendmed to Report No.	nt	DISPLACE TO THE	
ату	STATE ZIP CODE	(explain below) No. of Pages		•	
1. Contributio	n(s) Received	<u> </u>	,		
DATE RECEIVED .	FUILE NAME, STREET ADDRESS AND ZIP CODE OF CO	INTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER HAME OF BUSINESS)	AMOUNT RECEIVED
02/13/2015	Some Restaurant		☐ IND		1,000.00
			COM SOTH PTY		☐ Check if Loan
			□ scc		Provide Interest rate
02/13/2015	Legacy Partners Insurance		IND COM SOTH PTY SCC		1,000.00
02/13/2015	Pilar Law Group, APLC		IND COM IND OTH PTY SCC	-	1,000.00
Reason for Amend	lment:			*Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business et PTY – Political Party SCC – Small Contributor Comm	ther than PTY or SCC)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 860/ASK-FPPC (866/275-3772)

Recipient Committee	Type or print in	ink.	Date Stamp	CALIFORNIA 160
Campaign Statement		29	FREIVED BY	FORM 400
Cover Page		1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	West on of the little	
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:		
		(Month, Day, Year)	ER TO AMILE OF	Page1 of4
	from01/01/2015	20101	(23)	For Official Use Only
	63/39/0635	03/03/2015 CAS	PARAL THE SALES	
SEE INSTRUCTIONS ON REVERSE	through01/17/2015	03/03/2023		
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
X Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	Preelection Statement	☐ Qui	arterly Statement
State Candidate Election Committee	Committee	<ul> <li>Semi-annual Statement</li> </ul>	t ☐ Sp∈	ecial Odd-Year Report
Recall (Also Complete Part 5)	Controlled	☐ Termination Statement		oplemental Preelection
Not complete rail by	Sponsored (Also Complete Part 6)	(Also file a Form 410 T	,	tement - Attach Form 495
General Purpose Committee	Primarily Formed Condidate/	Amendment (Explain b	pelow)	
○ Sponsored □ ○ Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee			•
O Political Party/Central Committee	(Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1373853	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Sam Kbushyan for L.A. Community College 200	15	Sam Kbushyan		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
ČITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	IRER, IF ANY	
		Gary Crummitt		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	DECC	
OF HORNE, FAX / E-MAIL ADDRESS		OF HORAE. FAX / E-MAIL ADD	REGG	
4. Verification			•	
have used all reasonable diligence in preparing and review	ing this statement and to the heet of my by	souledge the information contained by	erain and in the attached school	dules is true and complete. I certify
under penalty of perjury under the laws of the State of Califor		lowledge the information contained he	SIGHT BITO IT THE ALLACTICA SOILET	dues is due and complete. For my
Executed on 01/22/2015	_			
Executed onDate	Ву	stan	nt Treasurer	<del></del>
Executed on01/22/2015	Bv			
Date	Signature of C	ontrolling Officeholder, Candidale, State Measure P	roponent or Responsible Officer of Sponso	or .
Executed on	Ву	Standard Controller Carlotte	Circle Use and Control of the Contro	
Date		Signature of Controlling Officeholder, Candidate,	State Measure Propohent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
white:		- Garage	•	FPPC Form 460 (January/05) Helpline: 866/ASX-FPPC (866/275-3772)
				State of California

COVER PAGE

STATE

I.D. NUMBER

1345483

X YES

.D. NUMBER

☐ YES

ZIP CODE

ZIP CODE

CONTROLLED COMMITTEE?

CONTROLLED COMMITTEE?

□ NO

AREA CODE/PHONE

... No

AREA CODE/PHONE

ZIP

Sam Kbushyan

COMMITTEE NAME

NAME OF TREASURER

COMMITTEE ADDRESS

COMMITTEE NAME

NAME OF TREASURER

COMMITTEE ADDRESS

CITY

ÇITY

NAME OF OFFICEHDLDER OR CANDIDATE

5. Officeholder or Candidate Controlled Committee

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

Sam Koushyan for City Council 2015

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

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

STREET ADDRESS (NO P.O. BOX)

STATE

STREET ADDRESS (NO P.O. BOX)

STATE

Community College Board: Co. of Los Angeles District 3

contributions or make expenditures on behalf of your candidacy.

				Page2	
. Р	rimarily Formed Ballot	Measure	Committ	ee	
N	AME OF BALLOT MEASURE				
В	SALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
10	dentify the controlling office	eholder, ca	andidate, or	state measure	proponent, if any
N	NAME OF OFFICEHOLDER, CAND	DIDATE, OR P	ROPONENT		
0	OFFICE SOUGHT OR HELD	13		DISTRICT NO	. IF ANY
-					
	Primarily Formed Cand				
0		for which th	is committe		med.
1	officeholder(s) or candidate(s)	for which th	OFFICE S	e is primarily for	SUPPORT OPPOSE
2 12	officeholder(s) or candidate(s)	ANDIDATE	OFFICE S	e is primarily for	SUPPORT OPPOSE

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

### Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA **FORM** 01/01/2015 Page \_\_\_\_3 \_\_\_ of \_\_\_4 01/17/2015 through \_\_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1373853 Sam Kbushvan for L.A. Community College 2015

Sam Kbushyan for L.A. Community College 2015					1373853
Contributions Received	()	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	
Loans Received		0.00		0.00	1/1 through 6/3D 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
. Payments Made Schedule E, Line 4		0.72	\$	0.72	Candidates
'. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		0.72	\$	0.72	(if Subject to Valuntary Expenditure Limit)
B. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
0. Nonmonetary Adjustment Schedule C, Line 3				0,00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	0.72	\$	0.72	\$
Current Cash Statement					/ \$
2, Beginning Cash Balance Previous Summary Page, Line 16	\$	500.55		calculate Column B, add	· ·
3. Cash Receipts		0.00		nounts in Column A to the rresponding amounts	***
4. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
5. Cash Payments Column A, Line B above		0.72		oort. Some amounts in lumn A may be negative	
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	499.83	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			FPPC Form 460 (Januar FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or prin Amounts may t to whole d	se rounded	Statement covers period	CALIFORNIA 460  FORM of 4
Sam Khushyan for L.A. Community College 2015				1373853
CODES: If one of the following codes accurately descended campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain) LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearances ises lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at staff/spouse travel, lodging,	duction costs  Induction costs  Inductio
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditu	von must also he suma	Taxizad on Sahadula D		
* Payments that are contributions or independent expenditu	res must also be summ	narized on Schedule D.	S	UBTOTAL\$ 0.0
Schedule E Summary  1. Itemized payments made this period. (Include all Sche	dule E subtotals.)			<b>5</b> 0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

0.72

0.00

2/18/15m

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	RECEIVED BY	ALIFORNIA 460
(Government Code Sections 64200-64216.3)	Statement covers period from 01/18/2015	Date of election if applicable: (Month, Day, Year)	2015 FEB 19 AM 1 .P.	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through02/14/2015	03/03/2015	CAMPAIGNENA	019555
State Candidate Election Committee Recali (Msa Camplete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure committee	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Telling     Amendment (Explain below)	Supplement Statement	C /O 2 7 / Statement d-Year Report ntal Preelection - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sam Kbushyan for L.A. Community College 2015  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CO		Treasurer(s)  NAME OF TREASURER Sam Kbushyan MAILING ADDRESS  CITY  NAME OF ASSISTANT TREASU Gary Crummitt	STATE ZIP CODE RER, IF ANY	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BUTTLE STATE ZIP CO.  OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADD	STATE ZIP CODE RESS	AREA CODE/PHONE
4. Verification  I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California   Executed on				true and complete. I certify

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)
State of California

CALIFORNIA 460
Page2 of8

	ti olieu co	ommittee		٠.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Sam Kbushyan									
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DI	ISTRICT NUMBER	IF APPL(CABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
Community College Board: Co. of	f Los Ange	ales District	3						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET)	CITY	STATE ZIP		Identify the controlling off	iceholder, car	ndidate, or sta	ate measure p	roponent, if ar
					NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Include not included in this statement that are contributions or make expenditures on the contributions.	controlled by	you or are primuur candidacy.	arily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO, IF	ANY
COMMITTEE NAME		I.D. NUME	BER						
Sam Kbushyan for City Council:	2013	13454	93						
NAME OF TREASURER		CONTROL	LED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)				
		I 🛛 YES			ornice relation of carratericity	7 101 11111011 4111	a committee is	beautiful tours	
Gary Crummitt		X YES	B □ NO						
	DDRESS (ND		S NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
	DDRESS (NO		AREA CODE/PHONE		NAME OF OFFICEHOLDER OR			GHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET AD		P.O. BOX) ZIP CODE	AREA CODE/PHONE						SUPPORT
COMMITTEE ADDRESS STREET AD		P.O. BOX)	AREA CODE/PHONE			CANDIDATE	OFFICE SOU		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD		P.O. BOX)  ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD CITY  COMMITTEE NAME  NAME OF TREASURER		P.O. BOX)  ZIP CODE  I.D. NUMB  CONTROL  YES	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET AD CITY  COMMITTEE NAME  NAME OF TREASURER	STATE	P.O. BOX)  ZIP CODE  I.D. NUMB  CONTROL  YES	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUR	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

# Campaign Disclosure Statement Summary Page

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

Statement covers period CALIFORNIA 460 FORM

SUMMARY PAGE

	from	01/18/2015	i Orani	
SÉE INSTRUCTIONS ON REVERSE	through	02/14/2015	Page3	of8
NAME OF FILER			I.D. NUMBER	
Sam Kbushyan for L.A. Community College 2015			1373853	

Sam Kbushyan for L.A. Community College 2015			1373853
Contributions Received	ø	COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE  CALENDAR YEAR TOTAL TO DATE  Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$	15,600.00	
2. Loans Received		0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	15,600.00	\$\$ 20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	15,600.00	\$\$ Made \$\$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	1,810.00	\$1,810.72 Candidates
7. Loans Made Schedule H, Line 3		0.00	22, Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,810.00	\$ 1,810.72 (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.60	2010 0. 2.2010.1
10. Nonmonetary Adjustment Schedule C, Line 3		0.00	0.00 (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	1,810.00	\$ \$ \$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	499.83	To calculate Column B, add
13. Cash Receipts Column A. Line 3 above		15,600.00	amounts in Column A to the
14. Miscellaneous Increases to Cash		0.00	reported in Column B.
15. Cash Payments		1,810.00	sanad Cama amazzata in
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	14,289.83	figures that should be
If this is a termination statement, Line 16 must be zero.			subtracted from previous period amounts. If this is the first report being filed
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for this color documents
Cash Equivalents and Outstanding Debts			from Lines 2, 7, and 9 (if any).
18. Cash Equivalents See instructions on reverse	\$	0.00	2-1
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	FPPC Form 460 (January/6 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37)

Schedule / Monetary (	A Contributions Received	Amount	o or print in lnk. s may be rounded whole dollars.	Statement cove	CA	SCHEDULE LIFORNIA 460 FORM
SEE INSTRUCTION	NS ON REVERSE			through _02/14/20	015 Pag	ge <u>4</u> of <u>8</u>
NAME OF FILER					I.D.	NUMBER
Sam Kbushyan	for L.A. Community College 2015				131	3853
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
01/31/2015	Abraham Abramian	Xind   COM   OTH   PTY   SCC	CEO Mayeling Group	750.00	750.0	
02/13/2015	Apple Home Developer Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	500.0	
02/13/2015	Auto Body Clinic Center, Inc.	□IND □COM 図OTH □PTY □SCC		1,000.00	1,000.0	0
02/13/2015	Confidential Bail Bonds Corporation	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	500.4	00
02/13/2015	Home Restaurant	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.0	20
			SUBTOTAL	\$ 3,750.00		
1. Amount re	A Summary ceived this period – Itemized monetary contributions. I Schedule A subtotals.)		\$	15,550.00		

2. Amount received this period – uniternized monetary contributions of less than \$100 .......\$

OTH -- Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (January/05)

(other than PTY or SCC)

3. Total monetary contributions received this period.

### Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

	(CON	

Monetary	Contributions Received	Amounts may be rounded to whole dollars.		Statement cove			ORM 460
				through02/14/	2015	Page	5 of 8
NAME OF FILER						I.D. NUN	MBER
Sam Kbushyan	for L.A. Community College 2015					137385	53
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, ENTERNAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
02/13/2015	Kevin G. Galstvan, M.D., Inc.	□IND □COM □OTH □PTY □SCC		500.00	5	00.00	
02/13/2015	Law Offices Of Naser J. Knoury	□IND □COM ⊠OTH □PTY □SCC		500.00	5	00.00	
02/13/2015	Legacy Partners Insurance	□IND □COM 図OTH □PTY □SCC		1,000.00	2,0	00.00	
01/29/2015	Michael Mahdesian	⊠IND □ COM □ OTH □ PTY □ SCC	Chairman Service Systems, Inc.	250.00	2	50,00	
02/01/2015	Vahe Melkonyan	☑IND □COM □OTH □PTY □SCC	Physician Practica Inc.	500.00	1	00.00	
			SUBTOTAL	\$ 2,750.00			

\*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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCH	EDUL	EΑ	(CONT.)

CALIFORNIA ACO

Statement covers period

				from01/18/	2015 FC	ORM TOO
				through02/14/	2015 Page _	6 of8
NAME OF FILER					I.D. NU	MBER
Sam Kbushyan	for L.A. Community College 2015	-			13738	53
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 SUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/13/2015	Murad Minasian	⊠IND □COM □OTH □PTY □SCC	Sales Executive Levi Strauss & Co.	500.00	500.00	
01/30/2015	Mossic, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	
02/13/2015	NASA Services	□IND □COM ☑OTH □PTY □SCC		2,100.00	2,000.00	
02/13/2015	Akon Oganyan	IND ☐COM ☐OTH ☐PTY ☐SCC	Physical Therapy Holy Adication Care Center			
02/13/2015	Pilar Law Group, APLC	□IND □COM ⊠OTH □PTY □SCC		1,000.00	1,000.00	
			SUBTOTAL	\$ 4,250,00		

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

## Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

COL	JEDI	H E A	(CONT.)	
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wonetary	Contributions Received	to whole dollars.		from 01/18/		CALIFORI FORM	<sup>™</sup> 460
				through02/14/	2015	Page7	of 8
NAME OF FILER					-	I.D. NUMBER	
Sam Kbushyan	for L.A. Community College 2015			· · · · · · · · · · · · · · · · · · ·		1373853	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE IF REQUIRED)
02/13/2015	Hovik Sahakyan	⊠IND □COM □OTH □PTY □SCC	Clerk LG Exotic Auto Transport	500.00	5	00.00	
02/13/2015	Servicemaster Restore	☐IND ☐COM ☑OTH ☐PTY ☐SCC		2,000.00	2,0	00.00	
02/13/2015	Specialty Car Craft Motorgroup LLC	□IND □COM  XOTH □PTY □SCC		500.00	5	00.00	
02/13/2015	Titus Realty, Inc.	□IND □COM ⊠OTH □PTY □SCC		800.00	8	00.00	
02/13/2015	Tomshire Fharmacy Inc.	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00	
			SUBTOTAL	4.800.00			

\*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	Type or prin Amounts may to whole o	be rounded		S	tatement covers p	EOP	7 4 4 4 4 4
SEE INSTRUCTIONS ON REVERSE				thro	ough02/14/201		of8
NAME OF FILER						I.D. NUM	BER
Sam Kbushyan for L.A. Community College 2015						137385	3
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  campaign literature and mailings	MBR member con MTG meetings at OFC office expe PET petition circl PHO phone bank POL polling and POS postage, de	nmunications nd appearance nses ulating s survey resean slivery and me	s		radio airtime and preturned contribution campaign workers' t.v. or cable airtime candidate travel, los staff/spouse travel, transfer between cover registration	roduction costs ons salaries and production costs dging, and meals	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD: NUMBER)		CODE	DR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Crummitt & Associates		PRO					1,790.00
* Payments that are contributions or independent expenditures	must also be sumi	marized on S	chedule D.			SUBTOTAL\$	1,790.0
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	***************************************				\$	1,790.00
2. Unitermized payments made this period of under \$100						\$	20.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	t 1, Column	(e).)			\$	0.00

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Recipient Committee Campaign Statement Cover Page	RECEIVED	2/1911 00	CA FORM 460
Government Code Sections 84200-84216.5)	LOC ANGELVED BY		
AME OF FILER am Kbushyan for City Council 2013	2015 FEB 20 AN 11: 17	Election Date: (Month/Day/Year) 03/03/2015	<b>Statement Period from</b> 01/01/2015 <b>to</b> 02/14/2015
. Type of Recipient Committee	CAMPAIGN FINABLE DISCLOSURE SLOTTEN		01955
Officeholder, Candidate Controlled Committee  2. Type of Statement Pre-Election Statement	A CHANGE SEDITOR		*C10280
Committee Information Committee Name:	Sam Kbushyan for City	Council 2013 - 1345483	
Committee Address :			
Mailing Address (if different) :			
Fax Number :			
E-Mail Address :			
Treasurer Name :	Gary Crummitt		
Treasurer Address and Phone Number :			
Assistant Treasurer Name :			
Assistant Treasurer Address and Phone Number:			
Treasurer Fax Number :	None		
Treasurer E-Mail Address :	None		
4. Verification			
I have used all reasonable diligence and to the best of a statement. I have reviewed the statement and to the beschedules is true and complete. I certify under penalty	est of my knowledge the information contains	ed herein and in the attach	ed

and correct.

19-Feb-15	Gary Crummitt (e-signed)
Executed On: (Date)	By: (Signature of Treasurer)
19-Feb-15	Sam Kbushyan (e-signed)
Executed On: (Date)	By: (Signature of Candidate / Officeholder)

Recipient Committee Campaign Statement Cover Page - Part 2 (Government Code Sections 84200-84216.5)			CA FORM	460
NAME OF FILER Sam Kbushyan for City Council 2013	I.D. NUMBER 1345483	Election Date: (Month/Day/Year) 03/03/2015	from 0	ment Period 1/01/2015 2/14/2015

5.	Related Committees Not Included in this Statement			
	Committee Name	ID CC	Address	Treasurer
	Sam Kbushyan for L.A. Community College 2015	1373853 Y	and the control of th	Sam Kbushyan

Recipient Committee Campaign Statement Summary Page (Government Code Sections 84200-84216.5)	4		CA FORM 460
NAME OF FILER Sam Kbushyan for City Council 2013	I.D. NUMBER 1345483	Election Date: (Month/Day/Year) 03/03/2015	Statement Period   from   01/01/2015   to   02/14/2015

Contributions Received		Column A (This Period)	Column B (Calendar YTD)
1. Monetary Contributions	Sched. A, Line 3	\$0.00	\$0.00
2. Loans Received	Sched. B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$0.00
4. Non-Monetary Contributions	Sched. C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$0.00
Expenditures Made		Column A	Column B
6. Cash Payments	Sched. E, Line 4	\$50.00	\$50.00
7. Loans Made	Sched. H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$50.00	
<ol><li>Accrued Expenses (Unpaid Bills)</li></ol>	Sched. F, Line 3	\$0.00	\$3,000.00
<ol><li>Non-Monetary Adjustment</li></ol>	Sched. C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$50.00	\$3,050.00
Current Cash Statement			<b>经报</b> (2000)
12. Beginning Cash Balance	Prev. Summary, Line 16	\$189.87	
13. Cash Receipts	Col. A, Line 3	\$0.00	
<ol> <li>Miscellaneous Increases to Cash</li> </ol>	Sched. I, Line 4	\$0.00	
15. Cash Payments	Col. A, Line 8	\$50.00	
16. Ending Cash Balance	Lines (12 + 13 + 14) - 15	\$139.87	
Loan Guarantees Received			
17. Loan Guarantees Received	Sched. B, Part II	\$0.00	-
Cash Equivalents and Outstanding Debts			ALC: W. T.
18. Cash Equivalents		\$0.00	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
19. Outstanding Debts	Col. B, Lines 2 + 9	\$3,000.00	

Recipient Committee Campaign Statement Schedule F Accrued Expenses (Unpaid Bills) (Government Code Sections 84200-84216.5)			CA FORM 460
NAME OF FILER Sam Kbushyan for City Council 2013	I.D. NUMBER 1345483	02/02/2015	Statement Period from 01/01/2015 to 02/14/2015

Schedule F Detail (3 Records)

Creditor	Code or Description of Payment	(a) Outstanding Balance Beginning this Period	(b) Amount Incurred this Period	(c) Amount Paid this Period (also report on	(d) Outstanding Balance at Close of this Period
Digicolor Printing & Signs	Print Ads	\$300.00	\$0.00	\$0.00	\$300.00
Edgar Gabrielyan	Campaign Workers Salaries (Campaign Worker)	\$2,400.00	\$0.00	\$0.00	\$2,400.00
Pakistan News	Print Ads	\$300.00	\$0.00	\$0.00	\$300.00

Schedule	F	Summary
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Schedule i Sullillary	
Total accrued expenses this period:	
(include all Schedule F, column (b) subtotals for accrued expenses of \$100 or more, plus unitemized accrued	
expenses under \$100.)	\$0.00
2. Total accrued expenses paid this period:	
(Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total	
unitemized payments on accrued expenses under \$100.)	\$0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the net here and on the Summary Page,	
Column A, Line 9.)	\$0.00
	(May be a negative
	number)