Statement Covers period from O2/20/2011 Date of election if applicable; (Month, Day, Year) Through O3/19/2011 April 5, 2011 April 5, 2011 April 5, 2011 Through O3/19/2011	Recipient Committee Campaign Statement Cover Page	Type or print in Ink.	Date Stamp	CALIFORNIA 460
1. Type of Recipient Committee: All Committees: All Committees: All Committees: All Committees: Committee Commit		from 02/20/2011 (Month, Day, Year)		· ·
Officeholder, Candidate Controlled Committee State Candidate Election Committee Comm		till bugh		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Vahe Peroomian for GCC Board 2011 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Glendale CA 91206 MAILING ADDRESS 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 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 formation 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 2/23/11 By	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Sponsored Complete Part 6) rimarily Formed Candidate/ Officeholder Committee	Special Supplementation) Stater	al Odd-Year Report emental Preelection
Vahe Peroomian for GCC Board 2011 Vahe Peroomian MalLing ADDRESS 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 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 ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the formation contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of Cellifomia that the foregoing is true and correct. Executed on 2/23/11 By				
Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX GITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS GITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS L Name of ASSISTANT TREASURER, IF ANY MAILING ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Executed on 2/23/11 By Executed on 2/23/11 By		Vahe Peroomian		
CITY STATE ZIP CODE AREA CODE/PHONE Glendale CA 91206 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 formation 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 2/23/11 By	STREET ADDRESS (NO P.O. BOX)			
OPTIONAL: FAX / E-MAIL ADDRESS I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the formation 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	Glendale CA 91206	DE AREA CODE/PHONE NAME OF ASSISTANT TREASUR		
OPTIONAL: FAX / E-MAIL ADDRESS 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 formation 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	,	MAILING ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the formation 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	CITY STATE ZIP CO	DE AREA CODE/PHONE CITY	STATE ZIP CO	DE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the formation 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	OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDR	ESS	
Executed on	I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Controlling Officeholder, Candidate, State Measure Pro	Treasurer ponent or Responsible Officer of Sponses	es is true and complete. I certify
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on	Date Date	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Vahe Peroomian						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
Glendale Community College Board of Trustee	s Member					OPPOSE
	ITY STATE ZIP					
Glenda	e CA 91206		Identify the controlling offi			proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this Stanot Included in this statement that are controlled by you contributions or make expenditures on behalf of your cal	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER			_ 	<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODÉ AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	h continuation	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Type or print in lnk.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Vahe Peroomian for GCC Board 2011 1336390 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) General Elections 10,972.00 8,522.00 1/1 through 6/30 7/1 to Date 0 210.02 8,522.00 11,182.02 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 1,610.00 1,610,00 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 10,132.00 12,792.02 Made **Expenditures Made** Expenditure Limit Summary for State 5,658.79 5,658.79 Candidates 0.00 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 5,658.79 5,658.79 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 1610.00 1610.00 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 7,268.79 7,268,79 **Current Cash Statement** 2.660.02 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 8.522.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 5,658.79 15. Cash Payments Column A, Line 8 above Column A may be negative 5.523.23 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 210.02 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement covers period from02/20/2011		CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through03/	19/2011	Page	4 of 13
NAME OF FILER						I,D. NUMBI	ER
Vahe Pero	omian for GCC Board 2011					1336390	•
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.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)
2/25/2011	Herand Der Sarkissian Glendale CA 91207	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Architect Self-Employed	100.00	100.	00	100.00
2/28/2011	Hovsep & Roozan Movsessian Glendale CA 91206	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		100.00
3/3/2011	Hagop Baghdassarian Glendale, CA 91206	☑IND □COM □OTH □PTY □SCC	Self-Employed Massis Kabab	150.00	150	00	150.00
2/25/2011	Artem Ovanessian Glendale CA 91207	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.	00	500.00
2/25/2011	Harmik Sarian Glendale CA 91208	☑IND □COM □OTH □PTY □SCC	Insurance Agent Self-Employed	100.00	100.	00	250.00
			SUBTOTAL \$	950.00			
Amount re (Include all Amount re	A Summary ceived this period – itemized monetary contributions. i Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period.			1,572.00	IND- COM OTH- PTY-	- Other (e.g. Political Par	Committee n PTY or SCC) ., business entity)
	1 and 2. Enter here and on the Summary Page, Colur	mn A, Line 1.)	TOTAL \$	8 22.00			

Schedule A (Continuation Sheet)

NAME OF FILER	Contributions Received	Amounts may to whole	be rounded	110111	ers period 0/2011 19/2011		ļ
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
03/09/2011	Dr. Armine Hacopian Giendale CA 91207	☑IND □COM □OTH □PTY □SCC	Retired Educator	150.00	150	0.00	150.00
03/10/2011	Anita Q. Gabrielian Glendale, CA 91208	☑IND □COM □OTH □PTY □SCC	Executive AT&T	100.00	100	0.00	100.00
03/07/2011	Sahad A. Badhdassarian Glendale CA 91206	☑IND □COM □OTH □PTY □SCC	Physician Self-Employed	200.00	200	.00	200.00
03/14/2011	Ruben Amirian Glendale ĆA 91206	☑IND □COM □OTH □PTY □SCC	Architect Self-Employed	100.00	100	.00	100.00
03/14/2011	Artin Manoukian Glendale CA 91206	☑IND □COM □OTH □PTY □SCC	Social Worker County of Los Angeles	100.00	100	.00	100.00

SUBTOTAL\$

650.00

*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.

		SCHEDULEA (CONT.)
State	ment covers period	CALIFORNIA ACO
from	02/20/2011	FORM 46U
through_	03/19/2011	Page 6 of 13
-		I.D. NUMBER

NAME OF FILER

Vahe Percomian for GCC Board 2011

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)
Mary & Nick Kanian Walnut CA 91789	☑IND □COM □OTH □PTY □SCC	Retired Manufacturer	150.00	150.00	150.00
Alan & Sabin Pezeshkian Glendale CA 91208	☑IND □COM □OTH □PTY □SCC	Finance Great Western	100.00	100.00	100.00
Amaly Avakian & Ohan Varjabedian Glendale CA 91206	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	100.00
Parouir Akopian Giendale CA 91207	☑IND □COM □OTH □PTY □SCC	Self-Employed Ultimate Home Care	200.00	200.00	200.00
Sarkis Ourfallan Glendale CA 91203	☑IND □COM □OTH □PTY □SCC	Attorney at Law Ourfalian & Ourfalian	500.00	500.00	500.00
	Mary & Nick Kanian Walnut CA 91789 Alan & Sabin Pezeshkian Glendale CA 91208 Amaly Avakian & Ohan Varjabedian Glendale CA 91206 Parouir Akopian Glendale CA 91207 Sarkis Ourfallan	Mary & Nick Kanian Walnut CA 91789 Alan & Sabin Pezeshkian Glendale CA 91208 Amaly Avakian & Ohan Varjabedian Glendale CA 91206 Parouir Akopian Glendale CA 91207 Glendale CA 91203 Glendale CA 91203	Mary & Nick Kanian Walnut CA 91789 Alan & Sabin Pezeshkian Glendale CA 91208 Amaly Avakian & Ohan Varjabedian Glendale CA 91206 Parouir Akopian Glendale CA 91207 Glendale CA 91207 Glendale CA 91208 Amaly Avakian & Ohan Varjabedian Glendale CA 91207 COM Glendale CA 91207 Attorney at Law Ourfalian & Ourfalian Glendale CA 91203	Mary & Nick Kanian Walnut CA 91789 Mary & Sabin Pezeshkian Glendale CA 91208 Parouir Akopian Glendale CA 91207 Parouir Akopian Glendale CA 91203 Sarkis Ourfallan Glendale CA 91203 Glendale CA 91203 Glendale CA 91203 Sarkis Ourfallan Glendale CA 91203 Glendale CA 91	Mary & Nick Kanian Mary & Nick Kanian Mary & N

*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 (866/275-3772)

Schedule A (Continuation Sheet)

Type or print in ink

SCHEDULE A (C	(.TNO
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NAME OF FILER	Contributions Received Domian for GCC Board 2011	Amounts may to whole	be rounded	troin	ers period 0/2011 9/2011	FC	ORNIA 460 7 of 13 MBER
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
03/16/2011	Art Der Mihessian Encino CA 91316	☑IND □COM □OTH □PTY □SCC	Contractor F.L.D. Construction	250.00	250	.00	250.00
03/16/2011	Hacob & Mina Shirvanian Glendale CA 91207	DIND COM OTH PTY SCC	Retired	200.00	450	.00	450.00
03/16/2011	Patrick Chraghchian Glendale CA 91206	☑IND ☐COM ☐OTH ☐PTY ☐SCC	General Contractor AGC	500.00	500	.00	500.00
03/16/2011	Nejdik Axian Glendale CA 91225	☑IND □COM □OTH □PTY □SCC	Plumbing Contractor Self-Employed	1,000.00	1,000	.00	1,000.00
03/16/2011	Vahe Bozoyan Glendale CÁ 91206	☑IND □COM □OTH □PTY □SCC	Teacher GUSD	200.00	200	.00	200.00

SUBTOTAL\$

2,150.00

*Contributor Codes

IND - Individual

COM – Reciplent 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.

		SCHEDULE A (CONT.)
State	ement covers period	CALIFORNIA ACO
from	02/20/2011	FORM 460
	00/40/0044	0 40
through.	03/19/2011	Page 8 of 13
		I.D. NUMBER

NAME OF FILER	omian for GCC Board 2011					I.D. NUMI	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, 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)
03/16/2011	Varant Markarian Glendale CA 91204	☑IND □COM □OTH □PTY □SCC	General Contractor Masters Contracting Corp.	250.00	250.	.00	250.00
03/16/2011	Annie & Mike Ovanessian Giendale CA 91206	☑IND □COM □OTH □PTY □SCC	Finance Paramount Pictures	500.00	500.	00	500.00
03/16/2011	Onik & Rita Tcherchian Glendale CA 91202	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	00	200.00
03/16/2011	Avedik Izmirlian Glendale CA 91208	ZIND COM OTH PTY SCC	Printing Self-Employed	100.00	100.	00	100.00
03/16/2011	Evlin Rostamians Glendale CA 91206	☑IND □COM □OTH □PTY □SCC	Case Manager A.E. S.S.C.	200.00	200.	00	200.00

SUBTOTAL\$

1,250.00

*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)

Type or print in lok

SCHEDULE A ((CONT.)
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Monetary Contributions Received		ibutions Received Amounts may be rounded to whole dollars, from			Statement covers period from02/20/2011		CALIFORNIA 460	
				through 03/	19/2011	Page	9 of 13	
NAME OF FILER	**************************************					I.D. NUME	BER	
Vahe Peroc	omian for GCC Board 2011					_		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
03/16/2011	Ara Mardirosian Tujunga, CÁ 91042	☑IND ☐COM ☐OTH ☐PTY ☐SCC	General Contractor Self-Employed	200.00	200	.00	200.00	
03/16/2011	Zareh Alemian Glendale CA 91201	☑IND □COM □OTH □PTY □SCC	Editor Oragark Periodical	200.00	200	.00	200.00	
03/16/2011	Armik Avedisian Glendale CA 91201	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Keller-Williams	200.00	200	.00	200.00	
3/15/2011	Carolyn Karapetian London, England	☑IND □COM □OTH □PTY □SCC	Businesswoman CarolynK Makeup Ltd. Return of campaign contribution.	-700.00	o	.00	0.00	
3/10/2011	Political Action for Classified Employees of California ID#761128 Sacramento, CA 95814	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1,000.00	1,000	.00	1,000.00	
			SUBTOTAL	900.00		in single the		

*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**

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

SCHEDULE C Statement covers period CALIFORNIA 02/20/2011 FORM from 03/19/2011 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vahe Peroomian for GCC Board 2011 1336390 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE CODE * **GOODS OR SERVICES** CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (JAN 1 - DEC 31) Samir Abou-Rass **☑**IND Police Officer Campaign Kickoff 860.00 □COM Glendale Community Party 03/10/2011 860.00 860.00 Pasadena, CA 91107 College □PTY SCC Rubina Peroomian **☑**IND Researcher Campaign 750.00 **□**COM Self-Employed Fundraising Party 03/16/2011 750.00 750.00 Glendale CA 91206 **□**OTH □PTY SCC ПСОМ **□**OTH □PTY □scc **□**COM **□OTH □PTY** □ SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1.610.00 Schedule C Summary *Contributor Codes IND - Individual

Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)\$	1,610.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

3. Total nonmonetary contributions received this period. 1,610.00

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 (866/275-3772)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statem	ent covers period 02/20/2011	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through _	03/19/2011	Page	11 of 13	
NAME OF FILER						I.D. NUM		
Vahe Peroomian for GCC Board 2011						1336390)	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations Fil. candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* fegal defense 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 appearance ises llating s survey resea. livery and me	es	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/ TSF trans VOT voter	be the payment. airtime and production ned contributions valgn workers' safaries or cable airtime and prod date travel, lodging, and spouse travel, lodging, for between committees registration mation technology costs	uction costs I meals and meals s of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PA	AYMENT		AMOUNT PAID	
Barev TV			Payment for TV A	ppearances	3			
Giendale CA 91206		TEL					1,000.00	
Glendale News Press		<u> </u>	Advertising in Gle	ndale News	Proce		.	
Glendale, CA 91203		PRT	/ dvo/doing in City	iluaio itoma	7 1000		1,117.50	
Barev TV	-		Television Adverti	sina				
Glendale CA 91206		TEL		J. 19			500.00	
Payments that are contributions or Independent expenditures t	must also be summ	arized on S	chedule D.	··	SU	BTOTAL\$	2,617.50	
Schedule E Summary							· · · · · · · · · · · · · · · · · · ·	
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	5,658.79	
2. Unitemized payments made this period of under \$100						¥	0.00	
3. Total interest paid this period on loans. (Enter amount from						4	0.00	
v. Poter interest para tins period on loans, (Eliter afflount from	Scriedule B. Part	i. Column	(e).)	_		₩.	0.00	

5,658.79

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Vahe Peroomian for GCC Board 2011	Amou	pe or print nts may be o whole do	rounded		from_ through		nt covers period 02/20/2011 03/19/2011		12 of 13
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR me MTG me OFC off PET per PHO phi POL pol POS pos PRO pro	ember comi eetings and fice expen- tition circul one banks illing and s stage, deli	munications I appearance ses ating urvey reseau very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio return campa t.v. or candio staff/s transfe voter	airtime and prodi ed contributions aign workers' sa cable airtime an date travel, lodgir pouse travel, lod er between comi registration	uction costs laries d production cos ng, and meals iging, and meals	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR DES	CRIPTION	V OF PA	YMENT		AMOUNT PAID
AABC-TV Glendale CA 91201			TEL	Television Advert	ising				350.00
Manila U.S. Times Las Vegas, NV 89103			PRT	Print Ad					225.0
Alco Printing Glendale CA 91204	. <u>-</u>		CMP	Remittance Enve	lopes				181.09
Armenian Media Network Los Angeles CA 90029		-	TEL	Television Advert	ising				299.00
Friendly Filmworks Pasadena CA 91103			TEL	Production of TV	Ad			•	1,500.0

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

2,555.09

SUBTOTAL \$

Schedule E						SCHEDULE E (CONT.)				
(Continuation Sheet) Payments Made Type or print Amounts may be to whole do				Sta from_	tement covers period	CALIFO FOR	PRNIA	460		
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE				h	Page	13 of	f <u>13</u>		
NAME OF FILER						I.D. NUMB	BER			
CODES: If one of the following codes accurately describes the CMP campalgn paraphernalia/misc. MBR CNS campalgn consultants MTG contribution (explain nonmonetary)* OFC CVC clvic donations PET CVC clvic donations PET CAND fundraising events POL Independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO LIT campaign literature and mailings	member com meetings and office expen petition circu phone banks polling and s postage, dell professional	munications d appearance ses lating survey resear	s	RAD I RFD I SAL I TEL I TRC I TRS I TSF II	describe the payment adio airtime and production eturned contributions campaign workers' salaries w. or cable airtime and pro- candidate travet, lodging, a staff/spouse travet, lodging ransfer between committe voter registration information technology cos	on costs s oduction costs and meals g, and meals ses of the sar	me candid	date/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR E	DESCRIPTION	OF PAYMENT		AMOU	NT PAID		
Austin, TX 78758		CMP	Lawn Signs	•				486.20		

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