

CITY CLERK

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COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp	CALIFORNIA 2001.02 FORM 460
	Page 1 of 20
	For Official Use Only

Statement covers period from 07-01-04 through 12-31-04	Date of election if applicable: (Month, Day, Year) APRIL 5, 2005
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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
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

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 S. 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 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 1-30-05 Date

Executed on 1-30-05 Date

Executed on Date

Executed on Date

By [Signature] Signature of Treasurer

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

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] 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**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ROBERT YOUSEFIAN

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. 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 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE-ELECT BOB YOUSEFIAN

Statement covers period
from 07-01-04
through 12-31-04

CALIFORNIA
FORM **460**

Page 3 of 20

I.D. NUMBER

1265291

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>27,345-</u>	\$ <u>89,939-</u>
2. Loans Received Schedule B, Line 3	<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>27,345-</u>	\$ <u>89,939-</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>4,000-</u>	<u>5,000-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>31,345-</u>	\$ <u>94,939-</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>11,237-</u>	\$ <u>14,489-</u>
7. Loans Made Schedule H, Line 3	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>11,237-</u>	\$ <u>14,489-</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>4,000-</u>	<u>5,000-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>15,237-</u>	\$ <u>19,489-</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>59,342-</u>
13. Cash Receipts Column A, Line 3 above	<u>27,345-</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-</u>
15. Cash Payments Column A, Line 8 above	<u>11,237-</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>75,450-</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>20</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)
07-12-04	LESLIE RUSSELL KHODJASARIAN [REDACTED] SUNLAND, CA 91040 116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSURANCE CLAIM ADJUSTER CHUBB & SON	100-	100-	
09-19-04	VARTAN GHARPETIAN [REDACTED] GLENDALE CA 91208 117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT GLENDALE COMMERCIAL	1000-	1000-	
09-7-04	BRAND PLAZA DEVELOPMENT LLC [REDACTED] GLENDALE CA 91204 118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	2000-	
11-18-04	RESTAURANT & BANQUET OWNERS ASSOCIATION [REDACTED] GLENDALE CA 91204 119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000-	5000-	
11-17-04	MARK LEEVAN INVESTMENT CO. [REDACTED] BEVERLY HILLS, CA 90212 120	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000-	2000-	

SUBTOTAL \$ 9,100-

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 26,850-
- Amount received this period - unitemized contributions of less than \$100 \$ 495-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 27,345-

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)
11-17-04	TRI-TECH INTERNET SERVICES, INC. [REDACTED] GLENDALE CA 91205 121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000-	2,000-	
11-18-04	AMAK GROUP, INC. [REDACTED] GLENDALE, CA 91204 122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000-	3,000-	
11-18-04	MALEKIAN AND ASSOCIATES [REDACTED] GLENDALE, CA 91202 123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	2,000-	
11-09-04	GLENDALE CITY EMPLOYEES FEDERAL CREDIT UNION [REDACTED] GLENDALE CA 91206 124	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	4,000-	
11-18-04	DATA ACCOUNTING SERVICES, INC. [REDACTED] GLENDALE, CA 91203 125	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
SUBTOTAL \$				<u>6,100</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)
11-18-04	Y.Z. PLUMBING INC. 126 [REDACTED] LA CRESCENTA, CA 91214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-18-04	GLEN-WEST MANAGEMENT CO. [REDACTED] GLENDALE, CA 91207 127	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-17-04	THE CALIFORNIA COURIER [REDACTED] GLENDALE, CA 91221 125	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-17-04	STEPAN MORADIAN, DDS [REDACTED] GLENDALE, CA 91204 129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-18-04	A&G TRUCKING LAURA ZALYAN [REDACTED] GLENDALE, CA 91205 130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
SUBTOTALS \$				500-		

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)
11-15-04	LANDMARK DESIGN & CONSTRUCTION LLC [REDACTED] CARSON CITY, NV 89701 131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	1,500-	
11-18-04	INTERNATIONAL SCHOOL OF MUSIC [REDACTED] GLENDALE CA 91205 132	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
11-18-04	RAFIK MUSAKHANYAN CLASSIC AND MODERN ART [REDACTED] LOS ANGELES, CA 90065 133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
11-18-04	HOVIK I. AGHAIAN & ASSOCIAT. INC. CONSULTING ARCHITECTS [REDACTED] GLENDALE CA 91205 134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
11-16-04	EAST BROADWAY VENTURE, LLC [REDACTED] NEWPORT BEACH, CA 92660 135	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
SUBTOTAL \$				<u>1,500-</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)
<u>1-16-04</u>	<u>SHEPPARD MULLIN RICHTER & HAMPTON LLP ATTORNEYS AT LAW</u> <u>Los Angeles CA 90071</u> 136	<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>750-</u>	
<u>11-19-04</u>	<u>L.A. VIEW, INC.</u> <u>Glendale, CA 91202</u> 137	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>200-</u>	<u>600-</u>	
<u>11-18-04</u>	<u>VERDUGO HILLS CHIROPRACTIC SOCIETY</u> <u>Glendale CA 91205</u> 137	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>200-</u>	<u>200-</u>	
<u>11-12-04</u>	<u>RAFIK AYVAZI AMEL, AYVAZI & ASSOCIATES, LLP</u> <u>BEVERLY HILLS, CA 90211</u> 137	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>200-</u>	<u>200-</u>	
<u>11-10-04</u>	<u>RAFFY KOPALIAN</u> <u>NORTHridge, CA 91326</u> 141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPLOYED DISCOUNT TIRE CENTERS</u>	<u>100-</u>	<u>100-</u>	
SUBTOTAL \$				<u>950-</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)
11/18/04	ROBERT H PHILIBOSIAN ATTY [REDACTED] LOS ANGELES CA 90071 142	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SHEPPARD, MULLIN RICHTER & HAMPTON LLP	100-	100-	
11-18-04	DAN M. STERIC [REDACTED] THOUSAND OAKS, CA 91362 143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER/MORTGAGE BROKER AMERICANA BANCORP	100-	100-	
11-18-04	AYO AMIRIAN [REDACTED] GLENDALE, CA 91202 144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO PINNACLE	100-	100-	
11-18-04	ROBAN TAHMASSIAN [REDACTED] GLENDALE CA 91201 145	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES GLENDALE KIA	100-	100-	
11-18-04	EVILIN MANOUKIAN [REDACTED] GLENDALE CA 91202 146	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE RE/MAX OF GLENDALE	300-	300-	
SUBTOTAL \$				<u>700-</u>		

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(other than PTY or SCC)
OTH - Other
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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	I.D. NUMBER <u>1265291</u>

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)
11-18-04	ALEXANDER R. SEFIAN [REDACTED] GLENDALE, CA 91226 147	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHARMACIST HAIG PHARMACY	300-	300-	
11-18-04	RAFI MANOUKIAN [REDACTED] GLENDALE CA 91205 148	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY COUNCIL GLENDALE	250-	250-	
11-18-04	ARDVAS MOUCESSIAN [REDACTED] GLENDALE, CA 91208 149	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT RAYTHEON/JPL	250-	250-	
11-18-04	SEDA MARKARIAN [REDACTED] GLENDALE CA 91208 150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE MARKARIAN REALTY	250-	250-	
11-18-04	GAGIK ASATRYAN [REDACTED] GLENDALE, CA 91208 152	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JEWELER ANI JEWELERY	150-	150-	
SUBTOTAL \$				<u>1,200-</u>		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>20</u>	I.D. NUMBER <u>1265291</u>

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)
<u>11-16-04</u>	<u>SAVEY TUFENKIAN</u> [REDACTED] <u>GLENDALE, CA 91208</u> 153	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPLOYED</u> <u>TRAVEL WITH</u> <u>SAVEY</u>	<u>250-</u>	<u>250-</u>	
<u>11-18-04</u>	<u>VIGEN GHAZARIAN</u> [REDACTED] <u>GLENDALE, CA 91222</u> 154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPLOYED</u> <u>GHAZARIAN'S</u> <u>COMPANY</u>	<u>100-</u>	<u>600-</u>	
<u>11-18-04</u>	<u>ARMEN AVANESSIAN</u> [REDACTED] <u>ENCINO, CA 91436</u> 155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>GENERAL</u> <u>MANAGER</u> <u>GLENDALE KIA</u>	<u>100-</u>	<u>100-</u>	
<u>11-18-04</u>	<u>EDIK MINASSIAN</u> [REDACTED] <u>GLENDALE, CA 91202</u> 156	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>MORTGAGE</u> <u>BROKER</u> <u>CLASSIC</u> <u>MORTGAGE</u>	<u>500-</u>	<u>500-</u>	
<u>11-15-04</u>	<u>ROBERT B. NAZARYAN</u> [REDACTED] <u>LA CRESCENTA, CA 91214</u> 057	<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>RUBIC REALTY</u>	<u>100-</u>	<u>100-</u>	
SUBTOTAL \$				<u>1,050-</u>		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>20</u>
	I.D. NUMBER <u>1265291</u>

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)
11-18-04	RIMA SARIAN [REDACTED] GLENDALE, CA 91206 158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT / DIRECTOR NAREG CULTURAL FOUNDATION	100-	100-	
11-10-04	HARMIK HACOBIAN [REDACTED] GLENDALE CA 91201 159	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED HARMIK HACOBIAN ARCHITECT	200-	200-	
12-16-04	RAANA HASNAT [REDACTED] GLENDALE CA 91208 162	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL CONSULTANT SMITH BARNEY	250-	250-	
12-14-04	GARBIS DER-YEGHIAYAN [REDACTED] GLENDALE CA 91206 164	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT MASHDOTS COLLEGE	100-	100-	
11-22-04	ANDRANIK G-ASPARYAN [REDACTED] GLENDALE, CA 91206 165	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER - SELF EMPLOYED CASA NOULA RESTAURANT	100-	100-	
SUBTOTAL \$				<u>750</u>		

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>20</u>
I.D. NUMBER <u>1265291</u>	

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)
10-19-04	EDWARD HAGOBIAN & ASSOC. INC. [REDACTED] GLENDALE CA 91205 166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-22-04	LAW OFFICES OF JANIAN AND ASSOCIATES [REDACTED] GLENDALE CA 91202 167	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
11-17-04	FIREFIGHTERS FOR BETTER REPRESENTATIVE GOVERNMENT [REDACTED] SUNLAND CA 91040 168	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	2000-	
11-18-04	STAR INSURANCE AGENCY [REDACTED] GLENDALE CA 91204 167	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
11-13-04	GLENDALE DISCOUNT TIRES INC. DBA DISCOUNT TIRE CENTERS [REDACTED] GLENDALE CA 91201 170	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
SUBTOTAL \$				<u>2,200-</u>		

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

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

SCHEDULE A (CONT.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>20</u>	I.D. NUMBER <u>1265291</u>

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)
<u>11-19-04</u>	<u>FENG HSEU CHEN LAM</u> [REDACTED] <u>GLENDALE CA 91207 171</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>300-</u>	<u>300-</u>	
<u>11-10-04</u>	<u>HACKKEUNG P. TUNG</u> [REDACTED] <u>GLENDALE CA 91207 172</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>MANAGER</u> <u>GEMRING</u> <u>CORPORATION</u>	<u>300-</u>	<u>300-</u>	
<u>11-11-04</u>	<u>CHI-FUNG LAI</u> [REDACTED] <u>GLENDALE CA 91207 173</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>JEWELERY</u> <u>DESIGNER</u> <u>GEMRING</u> <u>CORPORATION</u>	<u>300-</u>	<u>300-</u>	
<u>11-18-04</u>	<u>YUK KWAI CHAU LAM</u> [REDACTED] <u>GLENDALE CA 91207 174</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HOUSEWIFE</u>	<u>300-</u>	<u>300-</u>	
<u>12-20-04</u>	<u>CARS ON BROADWAY CAR</u> <u>WASH, LLC</u> [REDACTED] <u>GLENDALE</u> <u>CA 91207 175</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1000-</u>	<u>1000-</u>	
SUBTOTAL \$				<u>2,200-</u>		

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(other than PTY or SCC)
OTH - Other
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.)

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>20</u>
I.D. NUMBER <u>1265291</u>	

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)
<u>11-18-04</u>	<u>HENRY LAM</u> [REDACTED] <u>GLENDALE CA 91207</u> 176	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>MECHANICAL ENGINEER</u> <u>TMAO</u>	<u>300-</u>	<u>300-</u>	
<u>11-10-04</u>	<u>TINKY SCHMIT</u> [REDACTED] <u>GLENDALE CA 91207</u> 177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>TEACHER</u> <u>GLENDALE UNIFIED SCHOOL</u>	<u>300-</u>	<u>300-</u>	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTALS				<u>600-</u>		

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
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**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11-18-04	MR & MRS. ONNIK MEHRABIAN [REDACTED] GLENDALE CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT/ CEO GLENDALE KIA	FUND-RAISER AT THEIR HOME	4,000-	4,000-	
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 4,000- 4,000-

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 4,000-
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ -
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 4,000-

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IND – Individual
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OTH – Other
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SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period from <u>07-01-04</u> through <u>12-31-04</u>	SCHEDULEE CALIFORNIA FORM 460
Page <u>17</u> of <u>20</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.	MER member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RPD 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	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>WILLIAMS PHOTOGRAPHY STUDIO</u> <u>[REDACTED] GLENDALE CA 91206</u>	<u>LIT</u>	<u>PHOTOGRAPHY - PROFESSIONAL</u> <u>PHOTO FOR CAMPAIGN MAILERS</u>	<u>213.25</u>
<u>U.S. POST OFFICE</u> <u>GLENDALE MAIN PO GLENDALE CA 9120</u> <u>9998</u>	<u>POS</u>	<u>POSTAGE</u>	<u>422.90</u>
<u>TENLY KOKRAK</u> <u>[REDACTED] BURBANK CA 91505</u>	<u>FND</u>	<u>REIMBURSEMENT FOR PHOTO</u> <u>FOLIOS FOR CAMPAIGN KEEPSAKE,</u> <u>(GIVEN OUT AT FUNDRAISERS...)</u>	<u>128.15</u>

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

SUBTOTAL \$ 764.30

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>11170.53</u>
2. Unitemized payments made this period of under \$100	\$ <u>66.65</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>11,237.18</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 from <u>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
	Page <u>18</u> of <u>20</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 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
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TAKE NOTE PRODUCTION [REDACTED] BURBANK CA 91605	TEL	CAMPAIGN PUBLICITY VIDEO PRODUCTION	1500 -
SUE ELLER [REDACTED] GLENDALE CA 91206	FND	REIMBURSEMENT FOR PARTY SUPPLIES - DECORATIONS FOR FUNDRAISERS - CAMPAIGN EVENTS	167.60
STAPLES [REDACTED] BURBANK CA 91514	FND	SUPPLIES - PHOTO, FOR CAMPAIGN, & 'KEEPSAKES, (GIVEN AT FUNDRAISERS ...)	118.45
SMART & FINAI [REDACTED]	FND	SUPPLIES - FOR 12/18/04, 12/19/04 Christmas Reception	453.19
SBC SBC PAYMENT CENTER SAC CA 95887	PHO, WEB	TELEPHONE & INTERNET ACCESS	187.79

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

SUBTOTAL \$ 2427.03

**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>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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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. | 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 | PET petition circulating | TEL t.v. 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 | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>ROUPEN SOULAHIAN</u> [REDACTED] <u>GLENDALE CA 91207</u>	<u>RFD</u>	<u>RETURNED CAMPAIGN CONTRIBUTION FROM PERIOD 01-01-04 / 06-30-04</u>	<u>99 -</u>
<u>PRINT ON AII</u> [REDACTED] <u>GLENDALE CA 91201</u>	<u>CMP</u>	<u>CARPENTER PENCIL - CAMPAIGN KEEPSAKE - ADVERTISEMENT</u>	<u>529.27</u>
<u>PRINT ON AII</u> [REDACTED] <u>GLENDALE CA 91201</u>	<u>LIT</u>	<u>PRINTING OF CAMPAIGN LETTERHEADS, ENVELOPS, BUSSIN. CARDS.</u>	<u>2056.75</u>
<u>LayLa BETTAR</u> [REDACTED] <u>GLENDALE CA 91206</u>	<u>RFD</u>	<u>RETURNED CAMPAIGN CONTRIBUTION FROM PERIOD 01-01-04 / 06-30-04</u>	<u>100.00</u>
<u>GLENDALE SYMPHONY ORCHESTRA</u> [REDACTED] <u>GLENDALE CA 91222</u>	<u>CVC- PRT</u>	<u>PRINTED ADVERTISEMENT AND SPONSORSHIP</u>	<u>1775.-</u>

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

SUBTOTAL \$ 4560.02

**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>07-01-04</u> through <u>12-31-04</u>	CALIFORNIA FORM 460
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	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 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 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 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>COSTCO</u> [REDACTED] BURBANK CA 91506	FND	SUPPLIES FOR 12/18/04 & 12/19/04 CHRISTMAS RECEPTION & CAMPAIGN TABLES	1325.76
<u>BEST BUY</u> [REDACTED] CA 91504	FND	SUPPLIES - MINI PRINTER - PHOTO, FOR CAMPAIGN, & KEEPSAKES (GIVEN OUT AT FUNDRAISER)	373.42
<u>A. P. C. VALET SERVICE FOR ALL OCCASIONS</u> [REDACTED] GLENDALE CA 91201	FND	VALET PARKING FOR 12/18/04 & 12/19/04 CHRISTMAS RECEPTION	720-
<u>ARMENIAN FUND INC.</u> [REDACTED] GLENDALE CA 91206	CVC	DONATION AND ADVERTISEMENT	1000-

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

SUBTOTAL \$ 3419.18