

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

2005 MAR 24 PM 3:11 Date Stamp

CALIFORNIA 2001/02 FORM 460

Page 1 of 15

For Official Use Only

Statement covers period from 02-20-05 through 03-19-05

Date of election if applicable: APRIL 5 2005

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
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 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 3-24-05
Executed on 3-24-05
Executed on
Executed on

By [Signature]
By [Signature]
By
By

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 15

**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

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

**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

Statement covers period from <u>02-20-05</u>	<b>CALIFORNIA FORM 460</b>
through <u>03-19-05</u>	
Page <u>3</u> of <u>15</u>	I.D. NUMBER <u>1265291</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE-ELECT BOB YOUSEFIAN

**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>26099-</u>	\$ <u>119881</u>
2. Loans Received ..... Schedule B, Line 3	<u>-</u>	<u>-</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>26099-</u>	\$ <u>119881</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>-</u>	<u>7500-</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>26099-</u>	\$ <u>127381-</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>41950-</u>	\$ <u>83580-</u>
7. Loans Made ..... Schedule H, Line 3	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>41950-</u>	\$ <u>83580-</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>-</u>	<u>7500-</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>41950-</u>	\$ <u>91080-</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>52152</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>26099-</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>-</u>
15. Cash Payments ..... Column A, Line 8 above	<u>41950-</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>36301-</u>

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

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
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**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>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>15</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)
02-22-05	MAPLETON INVESTMENT LLC [REDACTED] 15TH FL. L.A. CA 90024 199	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
02-21-05	CLARA M. TRONOWSKY [REDACTED] GLENDALE CA 91202 200	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100-	200-	
02-20-05	TERESA PEBBLES TRUST [REDACTED] GLENDALE CA 91202 201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	150-	150-	
3-01-05	GOLDEN PLAZA [REDACTED] GLENDALE CA 91201 202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	1000-	
3-01-05	BRAND PLAZA DEVELOP. LLC [REDACTED] GLENDALE CA 91204 203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500-	4500-	
<b>SUBTOTAL \$</b>				<b>3750-</b>		

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 25650-
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 449-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 26099-

\*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.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
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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)
2-24-05	APPLIED SOIL TECHNOLOGY DBA APPLIED EARTH SCIENCE [REDACTED] GLENDALE CA 91204 204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
2-22-05	KHOSROW ABNOOSE DBA UNITED ORNAMENTAL IRON WORKS [REDACTED] LA CRESCENTA CA 91214 205	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
2-21-05	KARL K. LOUREIRO [REDACTED] GLENDALE CA 91202 206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LEWIS, BRIOBOIS, BULDARD & SMITH	100-	100-	
3-1-05	PRISCILLA E. CASTILLO [REDACTED] GLENDALE CA 91206 207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY O'MEIVENY & MYERS LLP	100-	100-	
3-11-05	ABA FINANCIAL GROUP [REDACTED] GLENDALE CA 91203 207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750-	750-	
SUBTOTAL \$				1300-		

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

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
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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)
3-1-05	GLENDALE CITY EMPLOYEE FED. CREDIT UNION [REDACTED] GLENDALE CA 91209 210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8000-	13,000-	
3-3-05	GLENDALE OFFICE CENTER [REDACTED] GLENDALE CA 91203 211	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750-	750-	
3-3-05	AMIR LLC [REDACTED] MENLO PARK, CA 94025 212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750-	750-	
3-2-05	FRED WOLF & ASSOCIATES INC. [REDACTED] LOS ANGELES CA 90034 213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
3-1-05	FRED WOLF [REDACTED] BEVERLY HILLS CA 90210 214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED FRED WOLF & ASSOC INC.	500-	500-	
SUBTOTAL \$				10500-		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3-10-05	BLUE ADONIS RESTAURANT [REDACTED] GLENDALE CA 91205 215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	1000-	
3-3-05	HASMIK Y DEMIRTIAN [REDACTED] GLENDALE CA 91208 216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL CONTRACTOR HD CONSTRUCTION	500-	500-	
2-20-05	RM HAWKEYE LOPEZ [REDACTED] GLENDALE CA 91201 217	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100-	100-	
2-28-05	GLENDALE CITY EMPLOYEES FED. CREDIT UNION [REDACTED] GLENDALE CA 91209 215	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000-	13,000-	
2-25-05	SEPPRA ENERGY [REDACTED] PASADENA CA 91106 219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
SUBTOTAL \$				2850-		

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

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
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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)
2-20-05	JOHN DAVID REES [REDACTED] GLENDALE CA 91208 220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED NO COMP. NAME USES INDIVIDUAL NAME	100-	300-	
2-27-05	LUIS BONILLA [REDACTED] LA CRESCENTA CA 91214 221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAINTER GLENDALE USD	100-	100-	
3-2-05	YERVAND PEZESHKIAN [REDACTED] GLENDALE CA 91206 222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPL. YP CONSTRUCT.	250-	250-	
2-22-05	200 NORTH LAKE INC. [REDACTED] L.A. CA 90024 223	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
3-8-05	RANDOLPH B. CARTER [REDACTED] GLENDALE CA 91202 224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASST. DIRECTOR T.V. ENTERTAINMT.	100-	100-	
SUBTOTAL \$				1050-		

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

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>15</u>
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3-12-05	<u>VREF MARDIAN</u> [REDACTED] <u>GLENDALE CA 91206</u> 225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPL. MARDIAN &amp; ASSOCIATES</u>	<u>250-</u>	<u>250-</u>	
3-5-05	<u>ROD SHAHWIAN</u> [REDACTED] <u>L.A. CA 90068</u> 226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SELF EMPL. COMPUTER PROGRAMR.</u>	<u>500-</u>	<u>500-</u>	
3-6-05	<u>CLARA M TRONOWSKY</u> [REDACTED] <u>GLENDALE CA 91202</u> 227	<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>100-</u>	<u>200-</u>	
2-22-05	<u>PAUL N KELLER</u> [REDACTED] <u>L.A. CA 90013</u> 232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REAL ESTATE DEVELOPER URBAN PARTNERS LLC</u>	<u>500-</u>	<u>500-</u>	
3-2-05	<u>CHRISTINE BLARG</u> [REDACTED] <u>GLENDALE CA 91208</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HOMEMAKER</u>	<u>500-</u>	<u>500-</u>	
<b>SUBTOTAL \$</b>				<u>1850-</u>		

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IND - Individual  
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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>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>15</u>	ID. 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)
3-3-05	DAVID R STEVENSON ██████████ PASADENA CA 91105 239	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPL. DAVID RANDAI STEVENSON ASSOCIATES	250-	250-	
3-15-05	SAM NAZARIAN ██████████ BURBANK CA 91502 240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMP. WORLD INDUSTRIES	2500-	2500-	
3-11-05	THOMAS MOYES ██████████ GLENDALE CA 91202 241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF FINANC. OFFICER MEDICORE	100-	100-	
3-4-05	MICHAEL NEUHOFF ██████████ ENCINO CA 91436 242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMP. M. E. NEUHOFF INC.	500-	500-	
3-4-05	M. E. NEUHOFF INC. ██████████ ENCINO CA 91436 243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
SUBTOTAL \$				3850-		

\*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>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>15</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)
2-22-05	MARC NATHANSON [REDACTED] FL. LA CA 90024 244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR CHARTER COMMUNICATIONS	500-	500-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 500-

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

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

Statement covers period  
from 02-20-05  
through 03-19-05

SCHEDULE E  
CALIFORNIA  
FORM **460**

Page 12 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1265291

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                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent 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>ALCO PRINTING</u> [REDACTED] <u>GLENDALE CA 91204</u>	<u>LIT</u>	<u>PRINTING CAMPAIGN FLYERS</u>	<u>1665.58</u>
<u>AMCA - ARMENIAN MEDIA GROUP OF AMERICA INC.</u> [REDACTED] <u>GLENDALE CA 91201</u>	<u>TEL</u>	<u>T.V. ADVERTISEMENT</u>	<u>3000-</u>
<u>ANN - ARMENIAN NATIONAL NETWORK</u> [REDACTED] <u>GLENDALE CA 91204</u>	<u>TEL</u>	<u>T.V. COMMERCIAL</u>	<u>2640-</u>

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

SUBTOTAL \$ 7305.58

**Schedule E Summary**

- |  |                          |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ <u>41934.55</u>       |
| 2. Unitemized payments made this period of under \$100   | \$ <u>15.16</u>          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ _____                 |
| 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>41949.71</u> |

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

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>15</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                |
| 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>ARMINEH CHELEBIAN</u> [REDACTED] <u>WINNETKA CA 91306</u>	<u>PRO</u>	<u>CAMPAIGN TREASURER- PROFESSIONAL SERVICES</u>	<u>1300-</u>
<u>ARMENIAN AMERICAN CHAMBER OF COMMERCE</u> [REDACTED] <u>GLENDALE CA 91203</u>	<u>PRT</u>	<u>ADVERTISEMENT</u>	<u>200-</u>
<u>ARTN. ARMENIAN-RUSSIAN TV NETWORK</u> [REDACTED] <u>GLENDALE CA 91201</u>	<u>TEL</u>	<u>T.V. COMMERCIAL</u>	<u>3000-</u>
<u>GLENDALE BEAUTIFUL GLENDALE PARKS &amp; RECREATIONS</u>	<u>CVC</u>	<u>DONATION-TREES</u>	<u>525-</u>
<u>GLENDALE FOCUS</u> [REDACTED] <u>GLENDALE CA 91203</u>	<u>PRT</u>	<u>ADVERTISEMENT</u>	<u>742-</u>

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

SUBTOTAL \$ 5767-

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>02-20-05</u> through <u>03-19-05</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>15</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/balot 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
<u>GLENDALE NEWS PRESS</u> [REDACTED] <u>GLENDALE CA 91203</u>	<u>PRT</u>	<u>ADVERTISEMENT</u>	<u>9355.50</u>
<u>HORIZON TV</u> [REDACTED] <u>GLENDALE CA 91204</u>	<u>TEL</u>	<u>T.V. COMMERCIAL</u>	<u>2000 -</u>
<u>JAM &amp; JAM</u> [REDACTED] <u>GLENDALE CA 91202</u>	<u>TEL</u>	<u>T.V. COMMERCIAL</u>	<u>3000 -</u>
<u>OFFICE DEPOT</u> [REDACTED] <u>GLENDALE CA 91204</u>	<u>LIT</u>	<u>PRINTING</u>	<u>189.44</u>
<u>PRINT ON ALL</u> [REDACTED] <u>GLENDALE CA 91201</u>	<u>LIT</u>	<u>PRINTING- ENVELOPS</u>	<u>422.18</u>

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

**SUBTOTAL \$ 14967.12**

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

Type or print in ink.

Amounts may be rounded.

to whole dollars.

Statement covers period

from 02-20-05

through 03-19-05

CALIFORNIA FORM **460**

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I.D. NUMBER

1265291

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.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MEM member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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	COMMERCIAL PRODUCTION	1500-
U.S.P.S. GLENDALE MAIN PO GLENDALE CA 91209998	POS	POSTAGE	5913.20
WARREN PRINTING & MAILING [REDACTED] L.A. CA 90041	LIT	MAILING CAMPAIGN FLYERS	3481.65
ZHAMANAK [REDACTED] GLENDALE CA 91205	PRT	PAPER ADVERTISEMENT	3000-

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

SUBTOTAL \$ 13,894.85