

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM **460**

Page 1 of 5
 For Official Use Only

Statement covers period from July 1st 2014 through Sept 30, 2014

Date of election if applicable: (Month, Day, Year)
Nov. 4th 2014

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Ruhina Khan for City Council 2014

I.D. NUMBER
1371692

STREET ADDRESS (NO P.O. BOX)
9331 Chapman Ave. #209

CITY
GARDEN GROVE STATE
CA ZIP CODE
92841 AREA CODE/PHONE
714-616-3471

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER
Ruhina Khan

MAILING ADDRESS
- Same -

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/6/2014 Date
 Executed on 10/6/2014 Date
 Executed on _____ Date
 Executed on _____ Date

By Ruhina Khan Signature of Treasurer or Assistant Treasurer
 By Ruhina Khan Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 7/1/2014
through 9/30/2014

Page 2 of 5

I.D. NUMBER
1371692

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruhina Khan for City Council 2014

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

- | | | | | |
|---------------------------------------|--------------------|----|-----------------|----|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ | <u>3,010.00</u> | \$ |
| 2. Loans Received | Schedule B, Line 3 | | <u>0</u> | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ | <u>3,010.00</u> | \$ |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | | <u>0</u> | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ | <u>3,010.00</u> | \$ |

Expenditures Made

- | | | | | |
|--|----------------------|----|-----------------|----|
| 6. Payments Made | Schedule E, Line 4 | \$ | <u>1,063.17</u> | \$ |
| 7. Loans Made | Schedule H, Line 3 | | <u>0</u> | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ | <u>1,063.17</u> | \$ |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | | | |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ | <u>1,063.17</u> | \$ |

Current Cash Statement

- | | | | | |
|---|---|----|-----------------|----|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ | <u>0</u> | \$ |
| 13. Cash Receipts | Column A, Line 3 above | | <u>3,010.00</u> | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | | <u>1,063.17</u> | |
| 15. Cash Payments | Column A, Line 8 above | | <u>1,946.83</u> | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | <u>2,126.34</u> | \$ |

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 | \$ | | \$ |

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 | \$ | |

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
___/___/___	\$
___/___/___	\$

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).

*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

CALIFORNIA **460**
FORM

Statement covers period

from 7/1/2014
through 9/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 3 of 5

I.D. NUMBER

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)
	SAMIRA E SHADEH 8554 OSTRICH CIRCLE FOUNTAIN VALLEY CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
	SAMIRA E SHADEH 8554 OSTRICH CIRCLE FOUNTAIN VALLEY CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	3,000.00	
		<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 \$		
				3,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 10.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,010.00

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

**Schedule E
Payments Made**

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

Statement covers period
from _____
through _____

Page 4 of 5
I.D. NUMBER _____

**CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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
SECRETARY OF STATE	FIL			50.00
OC REGISTRAR OF VOTERS	VOT			105.79
ASAP SIGN & TROPHY 13199 BROOKHURST ST GARDEN GROVE, CA. 92843	CMP			425.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 580.79**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4063.17
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4063.17**

**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 _____
through _____

Page 5 of 5

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR 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 | <ul style="list-style-type: none"> 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
VISTA PRINT	CMP			32.38
ASAP SIGN & TROPHY	CMP			250.00
MARKETING 1ST, MISSION VIEGO	CMP			200.00

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

SUBTOTAL \$ 4,823.88