Late Contribution Report

Type or print in ink,

2148-4

	Automite in	ay be rounded to r	TOTO BOTHERS.		LATE CO	NTRIBUTION REPOR
NAME OF FILER Steve Veres for L.	A. Comminty College Trustee 2015	Date of This Filing _	02/11/2015	Date Stamp		
AREA CODE/PHONE I	1.D. NUMBER DI MUNICADINI) 2015 FEB 2 PM 4: 08 1329702	Report No	001	2013 FEB * AU 10: 2:	For	Official Use Only
STREET ADDRESS	CAMPAGE VICE TO BUILDING TO BE	☐ Amendme	ent			
СПҮ	STATE ZIP CODE	(explain below) No. of Pages	2	1/2	0	14553 08926
Late Contribu	ution(s) Received					
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER 1.0. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAVE OF BY	PLOYER USINESS)	AMOUNT RECEIVED
02/10/2015 	Service Employees Int'l Union Local 99 - State PAC		IND COM			3000.00
	ID: 1235342		⊠ scc			
1			☐ IND ☐ COM ☐ OTH ☐ PTY			
	ID:		☐ SCC ☐ IND			
1	ID:		COM OTH PTY SCC			:
*Contributor Codes tND - Individual COM - Recipient Co OTH - Other	PTY - Political Party mmittee (other than PTY or SCC) SCC - Small Contributor Committee					
Reason for Amendme	ent:			- Janes		

KAUFMAN LEGAL GROUP APC

Late Contribution Report

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

NAME OF FILER Steve Veres for L.A. Comminty Co	ollege Trustee 2015	Date of This Filing	20
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable) 1329702	Report No	For Official Use Only
STREET ADDRESS		Amendment to Report No.	
CITY	STATE ZIP CODE	No. of Pages	2/2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1				
·		Ballot:		:
. <u>. </u>	ID:	Dist:		
1				
ı		Ballot:		
_	ID:	Dist:		
ı				
ı		Ballot:		
	ID:	Dist:		
ı				
I		Ballot:		
	ID:	Dist:		

Reason for Amendment: __

Recipient Committee Campaign Statement	Type or print in	ink.	Date Stamp LUB CALIFORNIA 460			
Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from 01/01/2015	Date of election if applicable: (Month, Day, Year)	2015 FEB 23	PM 3Page 1 of 5		
SEE INSTRUCTIONS ON REVERSE	through <u>01/17/2015</u>	03/03/2015	CAMPAIGH DISCLOSU	E STOTORY		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Bailot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ rifficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b Summary Page	ermination)	Supplemental Preelection Statement - Attach Form 495		
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Steve Veres for L.A. Community College Trustee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Steve Veres MAILING ADDRESS CITY NAME OF ASSISTANT TREASURER MAILING ADDRESS	STATE RER, IF ANY	ZIP CODE AREA CODE/PHONE		
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDI	STATE	ZIP CODE AREA CODE/PHONE		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on U2/19/2015 Date Executed on Date Executed on Date		or Assistant	Treasurer oponent or Responsible Officer of			

california 460

2/5

NAME OF OFFICEHOLDER OR CANDIDATE Steve Veres			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Held: Community Colleage Board County	ICT NUMBER IF APPLICABLE	03	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling office	eholder, candid	late, or state meas	sure propor	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you or a contributions or to make expenditures on behalf of your cand	re primarily formed to receive		OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	ANY
COMMITTEE NAME Steve Veres for City Council 2015	I.D.NUMBER 1360387	7.	Primarily Formed C		List names of of	ficeholder(s)	or candidate(s) fo
NAME OF TREASURER Steve Veres	CONTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
CITY STATE ZIP	CODE AREA CODE	E/PHONE			:		☐ OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTE	EE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)						
			Attacl	continuation	sheets if necessar	n.	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

from ______ CALIFORNIA 460

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC

through _____ SEE INSTRUCTIONS ON REVERSE LD. NUMBER NAME OF FILER Steve Veres for L.A. Community College Trustee 2015 1329702 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections 0.00 0.00 \$ Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received Schedule B, Line 7 20. Contribution 0.00 0.00 \$ SUBTOTAL CASH CONTRIBUTIONS..... 0.00 \$ Add Lines 1 + 2 0.00 Received \$ 0.00 0.00 Nonmonetary Contributions Schedule C. Line 3 Expenditures 0.00 \$ 0.00 0.00 \$ 0.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State Candidates** 775.00 775.00 **\$** 6. Payments Made Schedule E, Line 4 0.00 0.00 Loans Made Schedule H. Line 7 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 775.00 \$ 775.00 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 550.00 2254.80 Total to Date Date of Election Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 1325.00 s 3029.80 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 6848.94 To calculate Column B, add amounts in Column A to the 0.00 13. Cash Receipts Column A. Line 3 above corresponding amounts from Column B of your last 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in 775.00 Cash Payments Column A. Line 8 above Column A may be negative figures that should be 6073.94 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED..... Schedule B. Part 2 \$___ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts Since January 1, 2001. Amounts in this section may be any). different from amounts reported in Column B. 0.00 18. Cash Equivalents See instructions on reverse 2254.80 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01)

Schedule	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE E
	Statement covers period	CALIFORNIA Z SO
	from	
	through	4/5
_		I.D. NUMBER
		1329702

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

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, email)
	NAME AND ADDRESS OF PAYER OR CREDITOR				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group ID:	PRO		750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	750.00
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	750.00
2. Unitemized payments made this period of under \$100.	\$	25.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$	775.00

S				

Schedule F **Accrued Expenses (Unpaid Bills)**

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

Statement covers period from	CALIFORNIA 460
through	5/5
	LD NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steve Veres for L.A. Community College Trustee 2015 1329702

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, email) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER		CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	ID:	OFC	54.80	0.00	0.00	54.80
NGP Van, Inc.	ID:	OFC	1650.00	550.00	0.00	2200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1704.80\$	550.00\$	0.00 \$	2254.80
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized accrued 			INCURRED	TOTALS \$	550.00
Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payment			PAID	TOTALS \$	0.00
Net change this period. Subtract Line 2 from Line 1. Enter the di on the Summary Page, Column A, Line 9.)				NET \$	550.00

Ca	ecipient Committee ampaign Statement over Page vernment Code Sections 84200-84216.5)	Statement covers period from 01/18/2015	Date of election if applicable: FEB 23 PM 3: 58 (Month, Day, Year) 2015	CALIFORNIA 460 FORM of 6 For Official Use Only
SEE	INSTRUCTIONS ON REVERSE	through02/14/2015	03/03/2015 DIS(LOSURE SECTION	
	O State Candidate Election Committee O Recall (Also Complete Part 5) C General Purpose Committee O Sponsored O Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Nac Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nac Complete Part 7)	☐ Semi-annual Statement ☐ Spe ☐ Termination Statement ☐ Sup	orterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3.	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Steve Veres for L.A. Community College Trustee STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	CODE AREA CODE/PHÔNE
	OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE
	Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on 02/19/2015 Executed on 02/19/2015 Date Executed on Date	g this statement and to the bes a that the foregoing is true and By By By By By By	tained herein and in the attached sched or Assistant Treasurer Measure Proponent or Responsible Officer of Sponso Signature of Controlling Officeholder, Candidate, State Measure Proponent	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-3772) State of California Recipient Committee Campaign Statement Cover Page – Part 2

COVER PA	AGE - PART 2
CALIFORNIA	460
FORM	
2/6	

Officeholder or Candidate Controlled Committee			. Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE Steve Veres			NAME OF BALLOT MEASURE			111111111111111111111111111111111111111	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Held: Community Colleage Board County	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP		Identify the controlling office	holder, candid	late, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or are proportious or to make expenditures on behalf of your candidates.	orimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME Steve Veres for City Council 2015	I.D.NUMBER 1360387	7.	Primarily Formed C		List names	of officeholder(s) or candidate(s) fo
NAME OF TREASURER Steve Veres	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO.	()		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP CO	DDE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	,		Attach	continuation	sheets if nec	essary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from ______ CALIFORNIA 460

FPPC Toll-Free Helpline: 866/ASK-FPPC

3/6 through _____ SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Steve Veres for L.A. Community College Trustee 2015 1329702 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 3000.00 \$____ 3000.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received Schedule B, Line 7 20. Contribution 3000.00 s____ 3000.00 SUBTOTAL CASH CONTRIBUTIONS..... 0.00 s 0.00 Add Lines 1 + 2 Received \$ 0.00 0.00 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 3000.00 \$ 0.00 \$____ 0.00 3000.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** Candidates 3200.00 2425.00 s 6. Payments Made Schedule E, Line 4 0.00 0.00 22. Cumulative Expenditures Made* 7. Loans Made Schedule H, Line 7 (If Subject to Voluntary Expenditure Limit) 3200.00 2425.00 \$____ SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 -1645.22 609.58 Total to Date Date of Election Schedule F, Line 3 9. Accrued Expenses (Unpaid Bills) (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 779.78 s 3809.58 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 6073.94 To calculate Column B. add Previous Summary Page, Line 16 12. Beginning Cash Balance amounts in Column A to the 3000.00 13. Cash Receipts Column A. Line 3 above corresponding amounts from Column B of your last 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 report. Some amounts in Cash Payments 2425.00 Column A, Line 8 above Column A may be negative figures that should be 6648.94 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts Since January 1, 2001. Amounts in this section may be any). different from amounts reported in Column B. 0.00 18. Cash Equivalents See instructions on reverse 609.58 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (June/01)

Schedule A			e or print in ink.				SCHEDULE
Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	california 460		
SEE INSTRUCTIO	NS ON REVERSE			through			4/6
NAME OF FILER Steve Veres for	or L.A. Community College Trustee 2015						lumber 9702
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/10/2015	Service Employees Int'l Union Local 99 - State PAC ID: 1235342	IND COM OTH PTY		3000.00	3000.00		

	SUBTOTAL \$	3000.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	3000.00	*Contributor Codes IND - Individual COM - Recipient Committee
Amount received this period - unitemized contributions of less than \$100	\$	0.00	(other than PTY or SCC) OTH - Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	3000.00	SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	5/6
	I.D. NUMBER
	1329702

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

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, email)

LIT campaign literature and mailings	PRT print ads		sts (internet, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group	ID:	PRO		750.00
NGP Van, Inc.	ID:	OFC		1650.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	2400.00
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	2400.00
2. Unitemized payments made this period of under \$100.	\$	25.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u></u>	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2425.00

SCF		

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

	CONLEGEL
Statement covers period	CALIFORNIA 460
through	6/6
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steve Veres for L.A. Community College Trustee 2015 1329702 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events POL FND TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS IND professional services (legal, accounting) VOT voter registration legal defense LEG WEB information technology costs (internet, email) campaign literature and mailings PRT print ads LIT (a) CODE OR OUTSTANDING AMOUNT INCURRED AMOUNT PAID OUTSTANDING NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT BALANCE AT CLOSE BALANCE BEGINNING THIS PERIOD THIS PERIOD OF THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E) ID: OFC 54.80 4.78 0.00 59.58 Kaufman Legal Group ID: 0.00 1650.00 550.00 OFC 2200.00 NGP Van, Inc.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	2254.80\$	4.78\$	1650.00 \$	609.58
Schedule F Summary					•
Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized accrued)	le F, Column (b) subtotals d expenses under \$100.).	s for	INCURRE	D TOTALS \$	4.78
Total accrued expenses paid this period. (Include all Schedule F accrued expenses of \$100 or more, plus total unitemized payme	, Column (c) subtotals for ents on accrued expenses	payments on under \$100.)	PAI	D TOTALS \$	1650.00
Net change this period. Subtract Line 2 from Line 1. Enter the on the Summary Page, Column A, Line 9.)				NET \$	-1645.22 negative number.

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	COVER PAGE CALIFORNIA 460 LUS ANGELES G
(Government Code Sections 64200-64210.3)	Statement covers period 02/15/2015	Date of election if applicable: (Month, Day, Year)	2015 MAR - 3 PH Page 1 of 8
SEE INSTRUCTIONS ON REVERSE	through02/25/2015	03/03/2015	CAMPAION FINANCE DISCLOSURE SET HOR
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee 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 Te	
3 Committee Information 1.1	D. NUMBER 1329702	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Steve Veres for L.A. Community College Truste		NAME OF TREASURER Steve Veres MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	вох	MAILING ADDRESS	
CITY STATE ZIP CO	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californian Executed on 2/27/2015 Executed on Date Executed on Date		owledge the information contained he Signature of Controlling Officeholder, Candidate, S	sein and in the attached schedules is true and complete. I certify asurer ment or Responsible Officer of Sponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent FPPC Form 480 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (868/275-3772

State of California

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE - PART 2

CALIFORNIA 460

2/8

Officeholder or Candidate Controlled Committee		6. Ballot Measure Cor	nmittee		
NAME OF OFFICEHOLDER OR CANDIDATE Steve Veres		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Held: Community Colleage Board County	NUMBER IF APPLICABLE) 03	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP	Identify the controlling office	eholder, candidate	e, or state measure p	roponent, if any.
		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROP	ONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or are p contributions or to make expenditures on behalf of your candidates.	rimarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME Steve Veres for City Council 2015	.D.NUMBER 1360387	7. Primarily Formed C		List names of officehole	der(s) or candidate(s) fo
NAME OF TREASURER Steve Veres	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	FFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX		NAME OF OFFICEHOLDER OR	CANDIDATE O	FFICE SOUGHT OR HEL	☐ SUPPORT
CITY STATE ZIP CO	DE AREA CODE/PHONE				OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE O	FFICE SOUGHT OR HEI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE O	FFICE SOUGHT OR HEI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO)		Attach	continuation she	eets if necessary	.
CITY STATE ZIP CO	DE AREA CODE/PHONE			•	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period	CALIFORNIA 160
from	FORM TOO
through	3/8
	I.D. NUMBER
	1000700

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steve Veres for L.A. Community College Trustee 2015 1329702

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 7 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3	\$	\$ 3000.00 0.00 \$ 3000.00 \$ 5973.20 0.00 \$ 5973.20	1/1 through 6/30 7/1 to Date 20. Contribution Received \$ 0.00 \$ 0.00 21. Expenditures Made \$ 0.00 \$ 0.00 Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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	\$\$\$
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	\$ 0.00 \$ 0.00 \$ 653.10	carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may be to whole dol	rounded	Statement co	overs period	1	FORNIA 460
SEE INSTRUCTION	ONS ON REVERSE			through			4/8
NAME OF FILER Steve Veres for	or L.A. Community College Trustee 2015						имвек 9702
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE CALENDAR Y JAN.1 - DEC.	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution	ON 11 (C 1891)				
		Non-Monetary Contribution					
		Independent Expenditure					

SUBTOTAL \$	0.00		国籍 共	
Schedule D Summary				
1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)		\$		0.00
2. Unitemized contributions and independent expenditures made this period of under \$100		\$	60	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summ	nary Page.)	TOTAL \$	60	0.00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	5/8
	I.D. NUMBER

1329702

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

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		radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			R DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services	· ID:		Credit Card Payment	2273.20
AT&T	ID:	OFC		info[132.38]
AT&T Mobility	ID:	OFC		info[696.66]

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

SUBTOTAL \$

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
 Unitermized payments made this period of under \$100.
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule	E
Payments	Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	6/8
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

1329702

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, email)

NAME AND ADDRESS OF PAYEE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBI		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Card Services	ID:	OFC			info[159.10]
Maria's Italian Kitchen	ID:	MTG	11 ior	/23/14 - Meal for Candidate +4 for Community College Elect- n Meeting.	info[123.63]
TASC Adult Skills Center	ID:	CVC			info[350.00]

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

SUBTOTAL \$

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
 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.)

Schedule	E
Payments	Made

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	JOKIN 100
through	. 7/8
	I.D. NUMBER
	1329702

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

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

CMP	campaign paraphernalia/misc.	MRK	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/spons-
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ITOR	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Citizen Hotel	ID:	TRC	12/17/14 (Sacramento, CA) Lodging for Candidate to Atter Swearing-In Ceremony.	info[109.40]
Jay Ruscioletti	ID:	CNS		500.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	2773.20
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u></u>	
2. Unitemized payments made this period of under \$100.	\$	
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 \$	

					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in in Amounts may be rou to whole dollars	nded	Statement cover		IFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through		8/8
NAME OF FILER Steve Veres for L.A. Community College Trustee 2015				I.D. N 1329	UMBER 9702
CODES: If one of the following codes accurately describes	the payment, you may ent	er the code. Otherw	ise, describe the pay	ment.	
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	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	nces earch messenger services	RFD returned c SAL campaign TEL t.v. or cab TRC candidate TRS staff/spous TSF transfer be VOT voter regis		on costs eals meals the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Chase Card Services	Credit Card Payment	2273.20	0.00	2273.20	0.00
ID: Kaufman Legal Group	OFC	59.58	43.52	0.00	0 103.10
- ID:	OFC	550.00	0.00	0.0	0 550.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 2882.78\$ 43.52\$ 2273.20 \$ 653.10 SUBTOTALS \$

Schedule F Summary

NGP Van, Inc.

 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 		
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	43.52

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... PAID TOTALS \$ _______ 2273.20

3. Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ -2229.68

May be a negative number.

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in	ink.	REGETVED BY BANGELES COUS	CALIFORNIA 460
	Statement covers period from 01/01/2015	Date of election if applicable (Month, Day, Year)	5 MAR -4 PM 4:0	Page 1 of 1
SEE INSTRUCTIONS ON REVERSE	through 01/17/2015	03/03/2015 C	AMPAIGN FINANC SCLOSURE SFETT	
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Implete Paris 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 5) 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 T Amendment (Explain b Summary Page	t Spe Sujermination) Sta	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495 Amended
	DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Steve Veres MAILING ADDRESS CITY NAME OF ASSISTANT TREASU MAILING ADDRESS CITY	RER, IF ANY	CODE AREA CODE/PHONE CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	:
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on 03/02/2015 Deta Executed on Deta Executed on Deta		Signature of Controlling Officeholder, Candidate, 3	Responsible Officer of Spons	dules is true and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

COVER PAGE - PART 2

california 460

2/5

Officeholder or Candidate Controlled	Committee	6.	Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE Steve Veres			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC Held: Community Colleage Board County	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state	measure propor	nent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME Steve Veres for City Council 2015	I.D.NUMBER 1360387	7.	Primarily Formed C		List names	of officeholder(s)	or candidate(s) for
NAME OF TREASURER Steve Veres	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO	X)					:	
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attacl	n continuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

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

SI	INA	МΔ	RY	$D\Delta$	GE
ວເ	ועוע	IVI	ו או	P M	GE

CALIFORNIA 460 Statement covers period

Jan	to whole dollars.	from	FORM TOU
SEE INSTRUCTIONS ON REVERSE		through	3/5
NAME OF FILER Steve Veres for L.A. Community College Trustee 2015			I.D. NUMBER 1329702

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00 0.00 \$ 0.00 0.00 0.00	0.00 \$ 0.00 0.00	1/1 through 6/30 7/1 to Date 20. Contribution Received \$ 0.00 \$ 0.00 21. Expenditures Made \$ 0.00 \$ 0.00			
Expenditures Made 6. Payments Made	0.00	\$ 775.00 0.00 \$ 775.00 4394.26 0.00 \$ 5169.26	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$			
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2		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	\$\$\$\$\$			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC			

					SCHEDULE E
Payments Made Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period	CALIFO		
SEE INSTRUCTIONS ON REVERSE			through	4/	15
NAME OF FILER				I.D. NUME	BER
Steve Veres for L.A. Community College Trustee 2015				132970	2
CODES: If one of the following codes accurately describes to	the payment, you i	may enter the code. C	Otherwise, describe the payment.		
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	POS postage, de	nd appearances uses ulating		production con , and meals ng, and meals ttees of the sa	s ame candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Kaufman Legal Group	ID:	PRO			750.00
Payments that are contributions or independent expenditures must al	lso be summarized o	n Schedule D.	SU	BTOTAL \$	750.00
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	tals.)		\$	750.00
Unitemized payments made this period of under \$100.		•			25.00

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

0.00

775.00

SCH	r=D	31	_

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers	F	FORNIA 460 5/5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			1	I.D. NU	MBER
Steve Veres for L.A. Community College Trustee 2015				13297	702
CODES: If one of the following codes accurately describes to	he payment, you may ent	er the code. Otherw	rise, describe the pay	ment.	
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	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	earch nessenger services	RFD returned or SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis		ils eals e same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ID: Chase Card Services	Condit Cond Dourse	1813.35	326.11	0.00	2139.46
Chase data del vices	Credit Card Payment				
ID: Kaufman Legal Group	OFC	54.80	0.00	0.00	54.80
Kadiman Legar Group					
NGP Van, Inc.	OFC	1650.00	550.00	0.00	2200.00
NOP van, mc.					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 3518.15	\$ 876.11	0.00	\$ 4394.26
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a 			INCU	RRED TOTALS \$	876.11
Total accrued expenses paid this period. (Include all Sched accrued expenses of \$100 or more, plus total unitemized p				PAID TOTALS \$	0.00
 Net change this period. Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.) 				NET \$	876.11 May be a negative number.

Recipient Committee				COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		NODATE STAMP USE OF AMRELES OF 2015 MAR - 4 PM	CALIFORNIA 460
	Statement covers period from 01/18/2015	Date of election if applicable: (Month, Day, Year)	CAMPAIGN FINA	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 02/14/2015	03/03/2015	DISCLOSUME SEC	Section 1
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee 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 To Amendment (Explain I Summary Page	t S Fermination)	pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495 Amended
	DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Steve Veres MAILING ADDRESS CITY NAME OF ASSISTANT TREASU		P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADD		P CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californian Executed on 03/02/2015 Executed on 03/02/2015 Executed on Date Executed on Date	g this statement and to the best of my kn a that the foregoing is true a By By By By By	vistar ure P Signature of Controlling Officeholder, Candidate,	nt Treasurer roponent or Responsible Officer of Spor State Measure Proponent	
Late		Signature of Controlling Officeholder, Candidate,	State Measure Proponent	FPPC Form 460 (January/05)

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

2/6

Officeholder or Candidate Controlled Committee		6. Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE Steve Veres			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC Held: Community Colleage Board County	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	TY STATE ZIP		Identify the controlling office	holder, candi	date, or state	measure propo	nent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PE	ROPONENT		
Related Committees Not Included in this Star not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME Steve Veres for City Council 2015	I.D.NUMBER 1360387	7.	Primarily Formed C which this committee is primarily		List names	of officeholder(s) or candidate(s) for
NAME OF TREASURER Steve Veres	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BO			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BC)X)				L		
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

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

Statement covers period from ______ CALIFORNIA 460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through	3/6
NAME OF FILER Steve Veres for L.A. Community College Trustee 2015			I.D. NUMBER 1329702
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 3000.00 0.00 \$ 3000.00 0.00 3000.00	0.00	1/1 through 6/30 7/1 to Date 20. Contribution Received \$ 0.00 \$ 0.00 21. Expenditures Made \$ 0.00 \$ 0.00
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 Add Lines 8 + 9 + 10	\$ 2425.00	\$\frac{0.00}{3200.00}\$ \$\frac{2882.78}{0.00}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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	\$ 6073.94 3000.00 0.00 2425.00 \$ 6648.94 \$ 0.00 \$ 2882.78	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).	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	a 2002.10		FPPC Form 460 (June/01)

Schedule		diam Bassing I	Typ Amour					
Monetary	Contri	outions Received				ers period		
SEE INSTRUCTIO	NS ON REVE	RSE			through			4/6
NAME OF FILER Steve Veres for	or L.A. Com	munity College Trustee 2015						
DATE RECEIVED		FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR	O DATE ÆAR	PER ELECTION TO DATE
Rcpt Dt: 02/10/2015	Service	Employees Int'l Union Local 99 - State PAC	COM OTH PTY		3000.00	300	00.00	
	10. 120							
				<i>*</i>				
				SUBTOTAL	\$ 3000.00	1000		
Schedule /		ary period - contributions of \$100 or more.			2002.00		ontributo	

(Include all Schedule A subtotals.)

2. Amount received this period - unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

COM - Recipient Committee

OTH-Other

PTY - Political Party

(other than PTY or SCC)

SCC-Small Contributor Committee

3000.00

3000.00

0.00

Schedule E Payments Made		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through	5/6
NAME OF FILER				I.D. NUMBER
Steve Veres for L.A. Community College Trustee 2015				1329702
CODES: If one of the following codes accurately describ	es the payme	nt, you may enter the code. Other	vise, describe the payment.	
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	MTG m OFC of PET pe PHO ph POL po POS po PRO pr	ember communications eetings and appearances fice expenses etition circulating none banks olling and survey research ostage, delivery and messenger services ofessional services (legal, accounting) int ads	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodging transfer between commit voter registration WEB information technology of	ies production costs , and meals ing, and meals ttees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group	ID:	PRO		750.00
NGP Van, Inc.	ID:	OFC		1650.00
* Payments that are contributions or independent expenditures mu	ust also be sumn	narized on Schedule D.	SU	IBTOTAL \$ 2400.00
Schedule E Summary				
Payments made this period of \$100 or more. (Include)	all Schedule	E subtotals.)		\$2400.00
Unitemized payments made this period of under \$100				25.00
				0.00
3. Total interest paid this period on loans. (Enter amoun	it irom Schedu	He b, Part 1, Column (e).)		Ф

2425.00

Schedule F	
Accrued Expenses	(Unpaid Bills)

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

MBR member communications

OFC office expenses

PET petition circulating

phone banks

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

Statement covers period **CALIFORNIA** FORM through ___ 6/6 I.D. NUMBER

1329702

		 	 	•	-	

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)*

campaign consultants

CVC civic donations

FND fundraising events

FIL

NAME OF FILER

Steve Veres for L.A. Community College Trustee 2015

independent expenditure supporting/opposing others (explain)*

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

EG legal defense IT campaign literature a	and mailings	PRO professional services (PRT print ads		VOT voter registration WEB information technology costs (internet, email)			
NAME AND A	ADDRESS OF PAYEE OR CREDITOR MITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Chase Card Services	ID:	Credit Card Payment	2139.46	133.74	0.00	2273.20	
Kaufman Legal Group	ID:	OFC	54.80	4.78	0.00	59.58	
NGP Van, Inc.	ID:	OFC	2200.00	0.00	1650.00	550.00	
Payments that are contributions are contributed on Schedule D	utions or independent expenditures must also b	e SUBTOTALS	\$ 4394.26	\$ 138.52\$	1650.00	\$ 2882.78	

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....

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

PHO

INCURRED TOTALS \$ _____ 138.52

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....

PAID TOTALS \$ _____ 1650.00

3. Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)