

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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Statement covers period

from 01/01/2024

through 06/30/2024

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

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

I.D. NUMBER  
1427595

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Mazen Nabulsi for Cerritos College Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (562)983-0815

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
gary@crummittandassociates.com

Treasurer(s)

NAME OF TREASURER  
Gary Crummitt

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Long Beach CA 90802 (562)983-0815

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 07/23/2024  
Date

By Gary Crummitt  
Signature of Treasurer or Assistant Treasurer

Executed on 07/23/2024  
Date

By Mazen Nabulsi  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Mazen Nabulsi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Community College Board: Cerritos College District 1

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY       | STATE | ZIP   |
|---|------------|-------|-------|
|   | Long Beach | CA    | 90802 |

**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. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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 Candidate/Officeholder 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>01/01/2024</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>06/30/2024</u>                         |                                |
| Page <u>3</u> of <u>5</u>                         | I.D. NUMBER<br><u>1427595</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mazen Nabulsi for Cerritos College Board 2020

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0.00</u>   | \$ <u>0.00</u>                             |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0.00</u>  | <u>40,000.00</u>                           |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0.00</u>   | \$ <u>40,000.00</u>                        |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0.00</u>   | \$ <u>40,000.00</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        | Column B        |
|---|-----------------|-----------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0.00</u>     | <u>0.00</u>     |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0.00</u>     | <u>0.00</u>     |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0.00</u>     | <u>0.00</u>     |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>50.00</u> | \$ <u>50.00</u> |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy)       | Total to Date |
|--------------------------------------|---------------|
| <u>   </u> / <u>   </u> / <u>   </u> | \$ _____      |
| <u>   </u> / <u>   </u> / <u>   </u> | \$ _____      |

## Current Cash Statement

|  |                  |
|--|------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16                    | \$ <u>576.13</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                                     | <u>0.00</u>      |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                       | <u>0.00</u>      |
| 15. Cash Payments ..... Column A, Line 8 above                                     | <u>50.00</u>     |
| 16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>526.13</u> |

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

\*Amounts in this section may be different from amounts reported in Column B.

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

|   |                |
|---|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0.00</u> |
|---|----------------|

## Cash Equivalents and Outstanding Debts

|   |                     |
|---|---------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0.00</u>      |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>40,000.00</u> |

# Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2024 |                            |
| through                 | 06/30/2024 | Page <u>4</u> of <u>5</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mazen Nabulsi for Cerritos College Board 2020

I.D. NUMBER

1427595

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE          |
|--|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Mazen Nabulsi<br>Long Beach, CA 90802<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC         | Realtor<br>24hr. Real Estate  | \$ 15,000.00                                     | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 15,000.00<br><br>12/31/2021<br>DATE DUE         | 0.00 %<br>RATE<br>\$ 0.00        | \$ 15,000.00<br><br>07/03/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>\$ |
| Mazen Nabulsi<br>Long Beach, CA 90802<br>LOAN<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor<br>24hr. Real Estate  | \$ 25,000.00                                     | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 25,000.00<br><br>12/31/2021<br>DATE DUE         | 0.00 %<br>RATE<br>\$ 0.00        | \$ 25,000.00<br><br>08/12/2020<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>\$ |
| <br><br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <b>SUBTOTALS \$</b>  |   |  | 0.00 \$                            | 0.00 \$  | 40,000.00 \$                                       | 0.00                             |   |  |

## Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                       |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 01/01/2024 |                                |
| through                                       | 06/30/2024 | Page 5 of 5                    |
| NAME OF FILER                                 |            | I.D. NUMBER                    |
| Mazen Nabulsi for Cerritos College Board 2020 |            | 1427595                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mazen Nabulsi for Cerritos College Board 2020

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 0.00

**Schedule E Summary**

|  |                 |       |
|--|-----------------|-------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 0.00  |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 50.00 |
| 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.) ..... | <b>TOTAL \$</b> | 50.00 |