n			1/3/123	USP3	COVERPAGI
Recipient Committee			Date Stamp	CALI	FORNIA AGO
Campaign Statement					FORNIA 460
Cover Page			A		
Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable	100000000000000000000000000000000000000		
	Statement covers period	(Month, Day, Year)		∨ Page _	1 of5
	from01/01/2023	.	RECEIVED B OS ANGELES CO	HATY FO	or Official Use Only
•		11 /00 /0000	102 MARCELS OF	0.014 ()	
SEE INSTRUCTIONS ON REVERSE	through06/30/2023	11/03/2020	1073 AUG - I PM	3: 25	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	CAMBAICH EINA	MCF	
-	Primarily Formed Ballot Measure	□ Preelection Statement	CAMPAIGN FINA DISCLOSURE SE	Quarterly State	ment <
State Candidate Election Committee Recall	Committee Controlled	Semi-annual Statemen	BISOFOSCUE OF		
	○ Sponsored	Termination Statement (Also file a Form 410)		Supplemental I Statement - Att	
	(Also Complete Part 6)	Amendment (Explain	,	Statement - Att	ach Form 495
☐ General Purpose Committee ☐ Sponsored ☐	Primarily Formed Candidate/		bolow)	, .	
	Officeholder Committee				
 Political Party/Central Committee 	(Also Complete Part 7)				
3. Committee Information	D. NUMBER	Treasurer(s)			
	1427595				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Mazen Nabulsi for Cerritos College Board 20	•	NAME OF TREASURER			
Mazen Nabursi for Cerritos Correge Board 20		Gary Crummitt			
		MAILING ADDRESS			
OTREET ADDRESS (NO DO DOV)					1001 0000000000000000000000000000000000
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	Long Beach NAME OF ASSISTANT TREASU	CA	90802	(562) 983~081
		NAME OF ASSISTANT TREASE	DREN, IF ANY		
Long Beach CA 908 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		·	
WALLING ADDITION OF THE STREET ON F.O.	ВОХ	MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		ODTIONAL FAY / F MAIL ADD	, proc		
gary@crummittandassociates.com		OPTIONAL: FAX / E-MAIL ADD	RESS		
. Verification					
I have used all reasonable diligence in preparing and reviewin	ng this statement and to the hest of	h	erein and in the attached	echadulas is trua	and complete I certify
under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and cor	.,	orem and in the attached		and complete. Focially
Executed on07/28/2023	By				
Date		ar	t Treasurer		
Executed on07/28/2023	Ву	_			
Date	Signati	P	roponent or Responsible Officer of	Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Prononent		
	_	ognizione oi consistenti Ontoenoloer, Carididate,	Since medoure riopolicit		
Executed on	Ву	Signature of Controlling Officeholder Candidate	State Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

	COVERP	AGE - PART 2
CALIF	ORNIA ORM	460
Page _	2	of5

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Mazen Nabulsi									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF	APPLICABL	LE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Community College Board Cerritos College D	istrict 1								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Idealise the contaction of			-4	
1	Long Beach	CA	90802		Identify the controlling off		,	ate measure p	proponent, it any
					NAME OF OFFICEHOLDER, CAN	ididate, or pr	OPONENT		
Related Committees Not Included in this S	tatement:	List any cor	nmittees						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your c		rily formed	to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBE	:R							
NAME OF TREASURED	CONTROLL	ED COMMIT	reto	7.	Primarily Formed Can				
NAME OF TREASURER	☐ YES	NO T			officeholder(s) or candidate(s) for which this	s committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
CITY STATE ZIP	CODE	AREA COL	DE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME	I.D. NUMBE	:R			NAME OF OFFICEHOLDER OR O	PANDIDATE	OFFICE SOLI	SHT OR HELD	· ·
					NAME OF OFFICEROLDER OR C	SANDIDATE	OTTIOE SOU	SHI OK HELD	SUPPORT OPPOSE
NAME OF TREASURER		ED COMMITT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT
	☐ YES	□ NO							OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)								
000		1051 605	NE PUONE						
CITY STATE ZIP	CODE	AREA COL	DE/PHONE		Atta	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA FORM FORM

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	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		40,000.00	·
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	40,000.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	40,000.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	50.00	\$	50.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	50.00	\$	50.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	50.00	\$	50.00	\$
Current Cash Statement		,			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	626.13		calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		0.00		nounts in Column A to the rresponding amounts	**
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		50.00		port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	576.13	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			ре	riod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	- ' .
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and 9 (if y).	
	\$	0.00	ı		
18. Cash Equivalents See instructions on reverse	Ψ				

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

. "			•				SCHE	EDULE B - PAI
Schedule B – Part 1	Amo	Statement cov	rers period	CALIFORNIA 46				
Loans Received		from01/0	1/2023	FORM TO				
					4hh 06/3	0/2023	Page4	af 5
SEE INSTRUCTIONS ON REVERSE					through06/3	0,2023		Of
NAME OF FILER							I.D. NUMBER	
Mazen Nabulsi for Cerritos College Boa	ard 2020						1427595	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING BALANCE	(b) AMOUNT	(c) AMOUNT PA	OUTSTANDING BALANCE AT	(e) INTEREST	(f) ORIGINAL	(g) CUMULATI
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVE	N. CLOSE OF THIS	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTI TO DATE
Mazen Nabulsi	Realtor 24hr. Real Estate			PAID	12.1100			CALENDAR Y
Long Beach, CA 90802	24Hr. Real Estate			\$0.0	00 \$_15,000.00	0.00%	\$ 15,000.00	s 0
				FORGIVEN		RATE		PER ELECTION
		s 15,000.00	s0.00	s0.0	12/31/2021	s0.00	07/03/2020	
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		3		3	DATE DUE	3	DATE INCURRED	\$
Mazen Nabulsi	Realtor 24hr. Real Estate			PAID				CALENDAR Y
Long Beach, CA 90802 LOAN				\$0.0	0 \$ 25,000.00	0.00%	\$ 25,000.00	\$0
DOM				FORGIVEN		RATE		PER ELECTION
		\$ 25,000.00	s0.00	\$0.0	12/31/2021	\$0.00	08/12/2020	s
TIND COM OTH PTY SCC				,	DATE DUE		DATE INCURRED	
•				☐ PAID				CALENDAR YE
				s	_ \$	%	s	s
				FORGIVEN		RATE		PER ELECTION
		s	\$	\$	_	\$		\$
T IND COM OTH PTY SCC		<u> </u>			DATE DUE		DATE INCURRED	
		SUBTOTALS S	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 loan	s of less than \$100.)					(to	Contributor Codes	
Loans paid or forgiven this period				\$	0.00		D – Individual DM – Recipient Co	mmittaa
z. Loans paid or lorgiven this period		• • • • • • • • • • • • • • • • • • • •		·····································		1 00	Jivi – Recipient Co	липшее

(Total Column (c) plus loans under \$100 paid or forgiven.)

** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

FPPC Form 460 (Jan/2016)

(other than PTY or SCC) OTH -- Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

							SCHEDULE I	
Schedule E	Amounts may			Stat	ement covers p	OALII	CALIFORNIA 460	
Payments Made	to whole o	dollars.		from _	01/01/202	23 FO	RIVI POO	
					n 06/30/202	23	5 5	
SEE INSTRUCTIONS ON REVERSE				throug	jh00/30/202	I.D. NUM	of5	
NAME OF FILER						I.D. NON	IDEN	
Mazen Nabulsi for Cerritos College Board 2020						142759	95	
CODES: If one of the following codes accurately describe	es the payment, ye	ou may ente	er the code. C	Otherwise, des	scribe the payr	ment.		
CMP campaign paraphernalia/misc.	MBR member con	nmunications		RAD ra	adio airtime and p	roduction costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings ar OFC office expenses	nd appearance: nses	5	SAL c				
CVC civic donations	PET petition circu	•			•			
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank POL polling and	s survey researd	ch			lodging, and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and mes	ssenger services		ansfer between coter registration	ommittees of the sar	ne candidate/sponsor	
LEG legal defense LT campaign literature and mailings	PRO professional PRT print ads	services (lega	al, accounting)			ogy costs (internet, e	-mail)	
			·		· · · ·			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR .	DESCRIPTION C	OF PAYMENT		AMOUNT PAID	
* Payments that are contributions or independent expenditures	must also be sumn	narized on So	chedule D.			SUBTOTAL\$	0.0	
Schedule E Summary								
Itemized payments made this period. (Include all Schedule)	e E subtotals)					\$	0.00	
							50.00	
2. Unitemized payments made this period of under \$100								
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part	:1, Column ((e).)			\$	0.00	

50.00