



MAR 04 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Khubesrian, M.D. Marina CITY OF SOUTH PASADENA
 CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of South Pasadena

Division, Board, Department, District, if applicable

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached list

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of South Pasadena

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____
 (Check one)

-or-
 The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

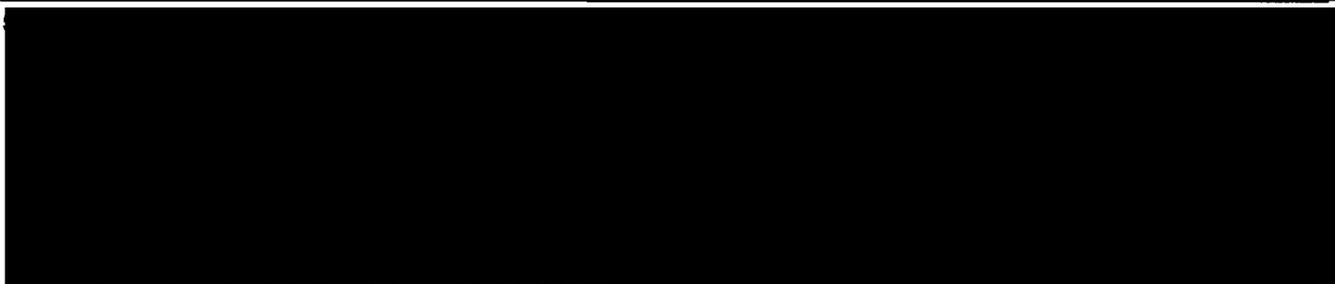
Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



Date Signed 3-4-15
 (month, day, year)

Attachment

**Statement of Economic Interests, Form 700
Marina Khubesrian, M.D., Councilmember
City of South Pasadena**

Multiple positions:

**Redevelopment Successor Agency
Public Financing Authority
Housing Authority**

**Agency Member
Authority Member
Authority Member**

**SCHEDULE D
Income – Gifts**

Name
Marina Khubesrian, M.D.

▶ NAME OF SOURCE *(Not an Acronym)*
Colantuono, Highsmith & Whatley, PC

ADDRESS *(Business Address Acceptable)*
300 S. Grand Ave., # 2700, Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipal Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 14	\$ 17.31	Lunch
09 / 11 / 14	\$ 96.43	Dinner
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
City of South Pasadena

ADDRESS *(Business Address Acceptable)*
1414 Mission Street, South Pasadena, CA 91030

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Municipality

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 14	\$ 321.55	Tote bag
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____