Recipient Committee				COVER PAGE
Campaign Statement Cover Page	Type or print in	ell Y 6	•	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from March 17, 2013	Date of election if applicable: (Month, Day, Yéar)	rn 2 23	Page1 of/ For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through June 30, 2013	April 2, 2013		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4,	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	☐ Speci ☐ Suppl	terly Statement iat Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	.D. NUMBER 1272875	Treasurer(s)		<u></u>
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	).	NAME OF TREASURER		<u>*</u>
Ara najarian for City Council	•	Ara Najarian		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
		Glendale	ca 91203	
CITY STATE ZIP C		NAME OF ASSISTANT TREASURER, IF ANY	<del>,</del>	
Glendale ca 9120  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		
wanted a subject to subject to the subject of the s		MAICING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	СІТУ	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·	
4. Verification				
I have used all reasonable diligence in preparing and reviewir	ng this statement and to the best of my know	wledge the information contained herein and in t	ne attached schedule	s is true and complete. I certify
under penalty of perjury under the laws of the State of Californ	is tratthe foregoing is true and correct.	A. Millonn		-
Executed on	Ву	Signature of Treasurer or Assistant Treasurer		
Executed on 1-23-13	By Signature of Contr	rolling Officeholder, Candidate State Medicine Proponent or Respo	onsible Officer of Sponsor	·
Executed on	Rv.	Signature of Controlling Officeholder, Candidate, State Measure Pro		
Executed on	By	Signature of Controlling Officeholder, Candidate, State Massure Pro		

PPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

		<del>***</del>	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT	MEASURE				
Ara najarian	<u> </u>						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)	BALLOTINO, OR LE	TTER JURISDICT		SUPPORT		
Glendale city Council					OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	city state zip endale ca 91203	Identify the con	trolling officeholder, c	andidate, or state measure	proponent, if		
Cie	iluale Ca 91203		OLDER, CANDIDATE, OR F				
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of you	you or are primarily formed to receive or candidacy.	OFFICE SOUGHT (	PR HELD	DISTRICT NO	. IF ANY		
COMMITTEENAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily For	med Candidate/Off	ceholder Committee	List names of		
•	YES NO	omicenoider(s) or	candidate(s) for which th	nis committee is primarily for	med.		
COMMITTEE ADDRESS (NO F	(O, BOX)	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD			
	• • • • • • • • • • • • • • • • • • •				SUPPOR		
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICER	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR		
	ZIP CODE AREA CODE/PHONE	NAME OF OFFICER	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPOF		
		:	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR		
COMMITTEE NAME  AME OF TREASURER	ZIP CODE AREA CODE/PHONE  I.D. NUMBER:  CONTROLLED COMMITTEE?	NAME OF OFFICEH			SUPPOR  SUPPOR  SUPPOR  OPPOSE		
OMMITTEE NAME	ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR		
OMMITTEE NAME  AME OF TREASURER  OMMITTEE ADDRESS STREET ADDRESS (NO P.	ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEH	OLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPOR		

# Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE				through .		Page of
NAME OF FILER  Ara Najarian for City Council						I.D. NUMBER
Contributions Received	 Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	<u> </u>	Column I CALENDAR YE TOTAL TODAL	AR	Running in Both th	nmary for Candidates ne State Primary and
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B, Line 3     SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2     Nonmonetary Contributions Schedule C, Line 3     TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7000 19899 1000	\$	8	9500 4274 1000 5274	20. Contributions Received \$ 21. Expenditures	\$\$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0 45016 0 0	\$ \$	80	6439 0 6439 0 0 6439	Candidates  22. Cumulativ	Summary for State  /e Expenditures Made*  - Voluntary Expenditure Limit)  Total to Date
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  15. 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	\$ 19899 1812 45016 820	and cooffee from the can be considered as the can be considered as the can be c	o calculate Column mounts in Column presponding amo om Column B of year port. Some amou olumn A may be n gures that should in period amounts. If the effirst report being refirst report being refirst report the amount of Lines 2, 7, and	A to the numbs our last ints in legative be evious this is g filed ar, only unts	*Amounts in this section meported in Column B.	\$nay be different from amounts:
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above			om Lines 2, 7, and 19).	1 à (u	FPPC Toll-Free Halnin	FPPC Form 460 (January/05)

Schedule.			or print in lnk.				SCHEDULE
Monetary	Contributions Received		s may be rounded whole dollars,	Statement covered March	vers period 17, 2013		FORNIA 460
REE INSTRU <i>I</i> CTIO	ONS ON REVERSE			throughJune	30, 2013	Page	4_of_[7
NAME OF FILER	MO ON KEVEROE						JMSER
Ara Najari	an for City Council					12728	1 1 1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP, CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLO, 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)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL\$				
. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)	**********************	\$	12750	IND		1
. Amount rec	ceived this period – unitemized monetary contributions	of less than \$1	100\$	149	OTH -	Other (d Political	e.g., business entity)
. Total mone	tary contributions received this period.			40000	scc-	Small Co	ontributar Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

monetary	Contributions Received	to whole		Statement cov from March	27, 2013 CALIFORNIA FORM			
				through June	30, 2013	Page_	5 of [7	
NAME OF FILER	an for City Council	.,				LD. NUI	·	
Ala Najara	ar for only council				1272875			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
3-20-13	Armen Norhadian Glendale, Ca 91201	☑ND □COM □OTH □PTY □SCC	Self emplyed Property management	1000	10	000	1000	
3-20-13	Velvet Hammer Music Inc. Encino, Ca 91436	☐IND ☐COM ØOTH ☐PTY ☐SCC		1000	10	000	1000	
3-20-13	Amirian Home Corp.  Glendale, ca 91204	□IND □COM ØOTH □PTY □SCC		250	2	50	250	
3-20-13	Luberski Properties Fullerton, Ca 92834	□IND □COM ØOTH □PTY □SCC		1000	10	00	1000	
3-20-13	Linda Shirvanian Playa Del rey, Ca 90293	DIND COM OTH PTY SCC	Officer, Komar Investments	1000	10	00	1000	
			SUBTOTALS	4250			NEW TOTAL CONTROL	

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

#### **Schedule A (Continuation Sheet)**

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o	be rounded [	Statement cov	7, 2013 CALIFORNIA Z		460	
				through June	30, 2013	Page_	6 of_	17
IAME OF FILER Ara Najaria	n for City Council					I.D. NUI 12728		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTERLID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-BAPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQU	Œ
3-25-13	California Real Estate PAC L.A. Ca 90020	□IND IZCOM □OTH □PTY		1000	10	000		1000

	L.A. Ca 90020	□PTY □scc				
3-22-13	Laurel Dickranian  L.A. Ca 90005	☑IND □COM □OTH □PTY □SCC	retired	300	300	300
3-26-13	Alda Norhadian Glendale, Ca 90201	☑IND □COM □OTH □PTY □SCC	retired	1000	1000	1000
3-25-13	Raffi Kradjian Newport Beach, Ca 92657	⊠IND □COM □OTH □PTY □SCC	president, Kradjian Imports	250	250	250
3-25-13	Iren Atayan Glendale, Ca 91207	☑IND □COM □OTH □PTY □SCC	retired	250	250	250

SUBTOTAL\$

2800

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cov from March	ers period 17, 2013			460
				through June	30, 2013	Page.		_17_
NAME OF FILER Ara Najari	an for City Council					I.D. NUMBER 1272875		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF COMMITTEE, ALSO ENTER LD. MUMBER)	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 ELI TO D (IF REQ	ATE
3-25-13	Rita Arabian L.A. Ca 91356	DINO COM OTH PTY SCC	retired	250	2	250		250
3-22-13	Anton Yergat Fairfax, Va 22030	DIND COM DITH PTY SCC	retired	250	2	250		250
3-25-13	Siranush jaburian Glendale, Ca 91206	☑IND □COM □OTH □PTY □SCC	retired	250	2	250		250
4-1-13	Glendale Management Association Glendale, Ca 91209	□IND ☑COM □OTH □PTY □SCC		1000	10	000		1000
4-1-13	*Glendale City Employees Assoc Glendale, Ca	□IND □COM □OTH □PTY □SCC		500	5	00	<u>.</u> -,	500

\*Contributor Codes

IND - individual

COM-Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business antity)

PTY - Political Party

SCC-Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

2250

SUBTOTAL\$

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from March 17, 2013	CALIFORNIA 460
through June 30, 2013	Page 8 of
	I.D. NUMBER 1272875

Ara Najaria	n for City Council					12728	175
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERLD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
4-3-13	Siu Tong Chan Torrance, Ca 90503	☑IND □COM □OTH □PTY □SCC	retired	1000	10	00	100
3-22-13	Verdugo Realty Services Inc Giendale, ca 91203	☐IND ☐COM ØOTH ☐PTY ☐SCC		250	2	50	25
5-6-13	Carlo Noravian Glendale, ca 91203	DIND COM OTH PTY SCC	attorney, self employed	1000	100	00	1000
5-20-13	Glendale Firefighters for Better Government Long Beach, ca 90808	□IND IDCOM □OTH □PTY □SCC		1000	100	00	1000
6-2-13	Shant Kazazian Pasadena, Ca 91105	☑IND □COM □OTH □PTY □SCC	self employed physician	200	20	00	200
. <u></u>			SUBTOTAL\$	3450			

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC-Small Contributor Committee

		Type or print in	ink.				SCH	EDULE B - PAR
Schedule B – Part 1 Loans Received		ounts may be re to whole dollar	ounded		Statement con from March	vers period 17, 2013	CALIFORN FORM	
SEE INSTRUCTIONS ON REVERSE					through June	30, 2013	Page 9	of 11
NAME OF FILER						W	I.D. NUMBER	
Ara Najarian for City Council							1272875	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(F) AMOUNT PA OR FORGIVE THIS PERIO	EN COSE OF THIS	(*) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIV CONTRIBUTIO TO DATE
Ara Najarian				☐ PAID				CALENDARYE
Glendale, Ca				\$	9500	O %	s 7000	s 950
TO IND COM COTH PTY CSCC		s2500	s7000	"\$ <u></u>	9-1-13 DATE DUE	\$	0 6-1-13 DATE INCURRED	\$ 950
				PAID				CALENDARYE
				\$	_   s		\$	s
		Ì		FORGIVEN		RATE		PER ELECTION
TO IND COM COTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	s
				□ PÄID		1		CALENDAR YEA
				\$	_   s		S.	<b>s</b> _
				FORGIVEN		RATE		PERELECTION
†□IND □COM □OTH □PTY □SCC		3	5	ş	DATEDUE	s	-	3
THE COM COR CALL COSC		<u> </u>					DATE INCURRED	A CONTRACTOR OF THE CONTRACTOR
		SUBTOTALS \$	7000 \$	<u> </u>	0 \$ 9500	\$ (		20 1 12 CE 20
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		-
Loans received this period				¢	7000			
(Total Column (b) plus unitemized loans	of less than \$100.)	*****************	*****************	······································	· · · · · · · · · · · · · · · · · · ·	(+	Contributor Codes	
2 Lagra poid autominas this sailed	-			•	0		ND Individual	
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100-</li> </ol>			****************	Ф		C	OM - Recipient Co (other than F	mmittee PTY or SCC)

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

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

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

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

7000

(May be a negative number)

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY-Political Party

SCC - Small Contributor Committee

#### Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** March 17, 2013 **FORM** June 30, 2013 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian for City Council

Alexander Najarian  Alexander Najarian  Glendale, Ca 91208  GOODS OR SERVICES  GOODS OR SERVICES  FAR MARKET VALUE  CALENDAR YEAR (JAN 1 - DEC 31)  Alexander Najarian  Good and drink  of Ara najarian  1000  1000  1000									
3-27-13 Glendale, Ca 91208  COM OTH PTY Scc Scc Scc Scc Scc Scc Scc Scc Scc Sc	ER ELECTION TO DATE REQUIRED)	E PE R YEAR	DAT CALENDAI	FAIR MARKET		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		ZIP CODE OF CONTRIBUTOR	
□ COM □ OTH	1000	1000		1000	food and drink		□COM □OTH □PTY		3-27-13
□scc □				·			□COM □OTH □PTY		
□IMD □COM □OTH □PTY □SCC							□COM □OTH □PTY		
COM COTH PTY SCC	÷ 1					·	□COM □OTH □PTY		
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$					SUBTOTAL \$	on sheets.	ed continuati	ditional information on appropriately label	Attach add

Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. 1000 (Include all Schedule C subtotals.).....\$ 0 2. Amount received this period—unitemized nonmonetary contributions of less than \$100 ......\$ 3. Total nonmonetary contributions received this period. 1000 

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

Schedule E Payments Made Type or print in ink: Amounts may be rounded to whole dollars.  SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Statement covers per from March 17, 20 through June 30, 20	)13 FO	ORNIA 460  II of 17  MBER	
Ara Najarian for City Council  CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member commeetings and office exper petition circumphone banks polling and spotsage, del PRO professional	munications d appearances uses lating	RAD radio airtime and pro returned contribution SAL campaign workers's t.v. or cable airtime a TRC candidate travel, lodd TRS staff/spouse travel, it transfer between cor VOT voter registration	eduction costs as salaries and production costs ging, and meals odging, and meals mmittees of the sar	s me candidate/sponsor
NAME AND ACORESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRT print ads	CODE OR	WEB information technolog DESCRIPTION OF PAYMENT	ly costs (internet, e	mail) AMOUNT PAID
* Payments that are contributions or independent expenditures m  Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E  2. Unitemized payments made this period of under \$100	Esubtotals.)		· · · · · · · · · · · · · · · · · · ·		43465 1551
<ol><li>Total interest paid this period on loans. (Enter amount from 5</li></ol>	Schedule B. Part 1	Column (e).)		<b>e</b> -	Ò

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** March 17, 2013 from June 30, 2013 through I.D. NUMBER 1272875

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian for City Council CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphemalla/misc. MBR member communications RAD radio airtime and production costs 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 Lv. or cable airtime and production costs TEL 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 independent expenditure supporting/opposing others (explain)\* ND postage, delivery and messenger services POS TSF transfer between committees of the same candidate/sponsor legal defense LEG PRO professional services (legal, accounting) voter registration VOT ШТ campaign literature and mailings PRI print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Michelle Ochoa sal 460 Glendale, Ca 91204 Genesis Ochoa sal 1330 Glendale, ca 91204

Michelle Carreon sal 240 Glendale, Ca 91204 Nanor Melkonian. sa 1110 Reseda, Ca 91335 Empirica Campaigns cns 9000 Sherman Oaks, Ca 91401

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

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made  Type or print Amounts may be to whole do	Statement covers period from March 17, 2013 through June 30, 2013	CALIFORNIA 460 FORM Page 13 of 17	
NAME OF FILER  Ara Najarian for City Council			I.D. NUMBER 1272875
CTB contribution (explain nonmonetary)*  CVC civic donations  Fill candidate filling/bellot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  CFC office expendence experiments  FIL candidate filling/bellot fees  FND phone banks  FOS postage, del	munications d appearances ises lating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL tv. or cable airtime and production candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs I meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Melissa Osuna Glendale, ca 91204	sal		940
Michael Bezolan North Hollywood, Ca 91601	sal		1244
Narek Jaladyan Glendale, Ca 91205	sal		-600
Armand Sharafyan Glendale, Ca 91205	sal		860

sal

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

Levon Sharafyan

Glendale, Ca 91205

SUBTOTAL \$

4544

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Ara Najarian for City Council	Type or print in ink: Amounts may be rounded to whole dollars.			fromM	nt covers period arch 17, 2013 June 30, 2013	SCHEDULE E (CO CALIFORNIA 460 FORM Page 14 of 17 I.D. NUMBER 1272875	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundralsing events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member commeetings at OFC office experiments office experiments of the office experiments of	nmunications id appearanc nses ulating s survey resea	es	RAD radio RFD return SAL camp TEL tv. or TRC candid TRS staff/s TSF transf VOT voter	airtime and production of contributions along workers' salarie cable airtime and producte trayel, lodging, appouse trayel, lodging, appouse trayel, lodging.	on costs es roduction cos and meals g, and meals ees of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION OF PA	ÝMENT		AMOUNT PAID
Haig Aharonian Glendale, ca 91201		tel					250
Comerstone Printing San Francisco, Ca 94111		lit					2758
City of Glendale Glendale, Ca		វា					119
ARTN Glendale, Ca		tel					7000
CA Law enforcement voter guide Los Angeles, Ca		lit:					1200

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

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Ara Najarian for City Council	Type or prin Amounts may i to whole d	e rounded		from throu	March 17, 2013  June 30, 2013	CALIFO FOR Page 1.D. NUME 127287	S of 17
CODES: If one of the following codes accurately descrift campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circu phone bank POL polling and POS postage, de	nmunications d appearanc uses ilating s survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the paymer radio airtime and producti returned contributions campaign workers' salarity, or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgin transfer between committ voter registration information technology co	on costs  es. roduction cost and meals g, and meals ees of the sar	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Manuel Magpapian Glendale, Ca 91207		sal					1160
Hovik Balasanyan sun Valley, Ca		sal					2744
Aylin Kashashkyan Glendale, Ca		sal					1550
Julia Yousofi Sun Valley, CA		sal					1500
Avo Balasanyan sun Valley, Ca		sal					2250
* Payments that are contributions or independent expenditures must a	so be summarized on	Schedule D.	<u> </u>		S	JBTOTAL \$	9204

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from March 17, 2013	CALIF	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through June 30, 2013	- Page_	16 of 17
NAME OF FILER Ara Najarian for City Council					I.D. NUM 127287	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC divic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense campaign literature and mailings	MBR member of meetings OFC office expection of phone be POL polling ar POS postage.	communication and appearan penses roulating nks d survey rese delivery and r	s ices	Otherwise, describe the payment RAD radio airtime and production returned contributions SAL campaign workers salari TEL tv. or cable airtime and particle candidate travel, lodging, TRS staff/spouse travel, lodging transfer between committed voter registration WEB information lechnology contributions.	ion costs  es production cost and meals and meals g, and meals ees of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Harry Vorperian Burbank, Ca 91505		lit				1133
United Young Armenians			····		<del></del>	
Glendale, Ca 91201		cvc				250
Bullseye Marketing					<u> </u>	
Canoga Park, Ca		lit				2762
City of Los Angeles Los angeles, Ca			Parking fees			163
Hrag Kitsinian Encino, Ca 91316		cns				1942

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

Schedule I		Type or print in ink.				SCHEDULE!		
Miscellaneous Increases to Cash		Amounts may be rounded State to whole dollars.			tement covers period March 17, 2013		CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE					June 30	, 2013	Page 17 of 17	
NAME OF FILER	13 OFFICE AND STATE OF THE STAT	<del></del>					I.D. NUMBER	
Ara Najarian	for City Council						1272875	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		DES	CRIPTION OF	RECEIPT		AMOUNT OF INCREASE TO CA	
3-16-13	Barker Enterprises Canoga Park, ca 91304		postage refund					1812
				•				
								<u> </u>
				·-·				<del></del>
		:						
				<del>"</del>				
Attach addit	tional information on appropriately labeled continuation sheets.					SUBTOTAL \$	18	312
Schedule I	•					1812		·
	creases to cash this period.							
	Increases to cash of under \$100 this period.							
	interest received this period on loans made to others. (Sche			***************	\$			
4. 10tal misce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)	na 3. Enter he	re and on the	. TOTAL	\$	1812		
					FPPC Toli-l	ree Helpline: 8	FPPC Form 460 (Janu 66/ASK-FPPC (866/27)	sary/05) 5-3772)