

**Officeholder, Candidate,
and Controlled Committee
Campaign Statement - Long Form**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from 1/1/97
through 6/30/97

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

RECORDS CLERK
16 JUL 97 11 14 AM

COVER PAGE - LONG FORM

CALIFORNIA 1994 FORM 490

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For Official Use Only

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
LARRY ZARIAN

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91206 AREA CODE/DAYTIME PHONE [REDACTED]

COMMITTEE NAME I.D. NUMBER
COMMITTEE TO ELECT LARRY ZARIAN 903395

COMMITTEE ADDRESS (NO. AND STREET)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91205 AREA CODE/DAYTIME PHONE [REDACTED]

NAME OF TREASURER
ROGER FONG

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
[REDACTED]

CITY GLENDALE STATE CA ZIP CODE 91205 AREA CODE/DAYTIME PHONE [REDACTED]

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to 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 (NO. AND STREET)	
CITY	STATE ZIP CODE AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS (NO. AND STREET)	
CITY	STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 7/15/97 at GLENDALE, CALIFORNIA By [Signature]
DATE CITY AND STATE SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 7-16-97 at Glendale Calif By [Signature]
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ at _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ at _____ By _____
DATE CITY AND STATE SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>1/1/97</u> through <u>6/3/97</u>	CALIFORNIA STATE FORM 490 Page <u>2</u> of <u>3</u>
	I.D. NUMBER <u>903395</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT LARRY ZAKIAN

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
2. Loans Received Schedule B, Line 7			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
4. Non-monetary Contributions Schedule C, Line 3			
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7			
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>500.00</u>	\$ <u>— 0 —</u>	\$ <u>500.00</u>
9. Loans Made Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>500.00</u>	\$ <u>— 0 —</u>	\$ <u>500.00</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5			
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>500.00</u>	\$ <u>— 0 —</u>	\$ <u>500.00</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>16,477.60</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>— 0 —</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>— 0 —</u>
16. Cash Payments Column A, Line 10 above	\$ <u>500.00</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>15,977.60</u>
If this is a termination statement, Line 17 must be zero.	
ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
Cash Equivalents and Outstanding Debts		
19. Cash Equivalents See instructions on reverse	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
21. Contributions Received	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>
22. Expenditures Made	\$ <u>— 0 —</u>	\$ <u>— 0 —</u>

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA 1994 FORM 490
from	1/1/97	
through	6/30/97	Page <u>3</u> of <u>3</u>
		I.D. NUMBER 903395

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

LARRY ZARION / COMMITTEE TO RE-ELECT LARRY ZARION

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- *C* -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- *B* -- BROADCAST ADVERTISING
- *G* -- GENERAL OPERATIONS AND OVERHEAD
- *I* -- INDEPENDENT EXPENDITURES
- *N* -- NEWSPAPER AND PERIODICAL ADVERTISING
- *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- *L* -- LITERATURE
- *O* -- OUTSIDE ADVERTISING
- *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- *F* -- FUNDRAISING EVENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GLENDALE ADVERTISING MEDICAL CENTER [REDACTED] GLENDALE, CA 91206			CONTRIBUTION	500.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 500.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 500.00
2. Payments made this period of under \$100. (Do not itemize.)	\$
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 500.00