

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

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 7/1/97
through 12/31/97

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

REC'D CITY CLERK
22 JAN 98 2:25

COVER PAGE - LONG FORM

CALIFORNIA 1994 FORM 490

Page 1 of 2

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 STATE ZIP CODE AREA CODE/DAYTIME PHONE

GLENDALE CA 91206 [REDACTED]

COMMITTEE NAME I.D. NUMBER

COMMITTEE TO ELECT LARRY ZARIAN 903395

COMMITTEE ADDRESS (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GLENDALE CA 91205 [REDACTED]

NAME OF TREASURER

ROGER FONG

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GLENDALE, CA 91205 [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

[REDACTED]

NAME OF TREASURER CONTROLLED COMMITTEE?

[REDACTED] YES NO

COMMITTEE ADDRESS (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

[REDACTED]

COMMITTEE NAME I.D. NUMBER

[REDACTED]

NAME OF TREASURER CONTROLLED COMMITTEE?

[REDACTED] YES NO

COMMITTEE ADDRESS (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

[REDACTED]

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 1/22/98 At GLENDALE, CALIF. 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 1-22-98 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

ORIGINAL

Statement covers period		CALIFORNIA FORM 490
from	7/1/97	
through	12/31/97	Page 2 of 2
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

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	\$ 0	\$ 0	\$ 0
2. Loans Received Schedule B, Line 7			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	\$
4. Non-monetary Contributions Schedule C, Line 3			
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	\$	\$	\$
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7			
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ 0	\$ 0	\$ 0

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 15,977.60
14. Cash Receipts Column A, Line 3 above	
15. Miscellaneous Increases to Cash Schedule I, Line 4	
16. Cash Payments Column A, Line 10 above	
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 <i>If this is a termination statement, Line 17 must be zero.</i>	\$ 15,977.60

* 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).

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ 0
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse	\$ 0
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ 0

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ 0	\$ 0
22. Expenditures Made	\$ 0	\$ 0