

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

Type or print in ink.
ORIGINAL

COVER PAGE - LONG FORM

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 7/1/98
through 12/31/98

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

Date Stamp

CALIFORNIA 1994 FORM 490

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For Official Use Only
-WK70 A10 C93

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
COMMITTEE TO ELECT LARRY ZARIAN I.D. NUMBER 903395

COMMITTEE ADDRESS (NO. AND STREET)
[REDACTED]

CITY ROGER FONG STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/DAYTIME PHONE [REDACTED]

NAME OF TREASURER
[REDACTED]

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
GLENDALE, CA 91205

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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 1/8/99 DATE At GLENDALE CALIF. CITY AND STATE By [Signature] 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 1-12-99 DATE At [Signature] CITY AND STATE By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

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

Executed on _____ DATE At _____ CITY AND STATE By _____ 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		CALIFORNIA 1994 FORM 490
from	7/1/98	
through	12/31/98	Page 2 of 3
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
COMMITTEE TO ELECT LARRY ZINSER		903395

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT LARRY ZINSER

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	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ 100.00	\$ 100.00	\$ 200.00
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	\$ 100.00	\$ 100.00	\$ 200.00

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ 15,877.60
14. Cash Receipts Column A, Line 3 above	_____
15. Miscellaneous Increases to Cash Schedule I, Line 4	100.00
16. Cash Payments Column A, Line 10 above	_____
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ 15,777.60
<i>If this is a termination statement, Line 17 must be zero.</i>	

* 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

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$ _____
19. Cash Equivalents See instructions on reverse	\$ _____
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ _____

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

**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 from <u>7/1/98</u> through <u>12/31/98</u>	CALIFORNIA 1994 FORM 490 Page <u>3</u> of <u>3</u> ID NUMBER <u>9.3395</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE + 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
- *N* -- NEWSPAPER AND PERIODICAL ADVERTISING
- *T* -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- *I* -- INDEPENDENT EXPENDITURES
- *O* -- OUTSIDE ADVERTISING
- *P* -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- *L* -- LITERATURE
- *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
DAN LUNGREN FOR GOVERNOR [REDACTED] KOLG BEACH, CA 90807 ID # 950772	C			\$ 100.00

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 \$ 100.00

Payments and Contributions Made Summary

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 100.00
- 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 \$** 100.00