

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

Type or print in ink.

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 <u>1-1-99</u> through <u>2-20-99</u>	Date Stamp <u>2:30</u> <u>4-6-99</u>	CALIFORNIA 1994 FORM 490 Page <u>1</u> of <u>10</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>4-6-99</u>		

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

NAME OF OFFICEHOLDER OR CANDIDATE

Rafi O. Manoukian

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 91203 [REDACTED]

COMMITTEE NAME I.D. NUMBER

Manoukian for Glendale City Council 990121

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME OF TREASURER

Nicol Manoukian

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Glendale, CA 91203 [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 2/25/99 At Glendale, CA

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 2-25-99 At Glendale, CA

By [Signature]
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____

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 from <u>1-1-99</u>	CALIFORNIA FORM 490
through <u>2-20-99</u>	
Page <u>2</u> of <u>10</u>	
I.D. NUMBER <u>990121</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Rafi Manoukian / manoukian For Glendale City Council

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>11916.00</u>	\$ _____	\$ <u>11916.00</u>
2. Loans Received Schedule B, Line 7	\$ <u>- 0 -</u>	\$ _____	\$ <u>- 0 -</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>11916.00</u>	\$ _____	\$ <u>11916.00</u>
4. Non-monetary Contributions Schedule C, Line 3	\$ <u>5000.00</u>	\$ _____	\$ <u>5000.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) --- Add Lines 3 + 4	\$ <u>5000.00</u>	\$ _____	\$ <u>5000.00</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	\$ <u>- 0 -</u>	\$ _____	\$ <u>- 0 -</u>
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6	\$ <u>16916.00</u>	\$ _____	\$ <u>16916.00</u>

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5	\$ <u>9115.26</u>	\$ _____	\$ <u>9115.26</u>
9. Loans Made Schedule H, Line 7	\$ <u>- 0 -</u>	\$ _____	\$ <u>- 0 -</u>
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	\$ <u>9115.26</u>	\$ _____	\$ <u>9115.26</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	\$ <u>8000.00</u>	\$ _____	\$ <u>8000.00</u>
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11	\$ <u>17115.26</u>	\$ _____	\$ <u>17115.26</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17	\$ <u>0</u>
14. Cash Receipts Column A, Line 3 above	\$ <u>11916.00</u>
15. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments Column A, Line 10 above	\$ <u>9115.26</u>
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>2800.74</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).

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

19. Cash Equivalents See instructions on reverse	\$ <u>- 0 -</u>
20. Outstanding Debts Add Line 2 + Line 11 in Column C above	\$ <u>8000.00</u>

Summary for Candidates in Both June and November Elections

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1-1-99</u> through <u>2-20-99</u>	CALIFORNIA 1994 FORM 490
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER <u>990121</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Rafi Manoukian / Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1-11-99 & 2-16-99	Tony Margarian [REDACTED] Pasadena, CA 91107	Investor	2000.00	2000.00	
1-11-99	Razmik Manoukian [REDACTED] Sherman Oaks, CA 91411	Dwp - Supervisor	250.00	250.00	
1-19-99	Vatche Kamakian [REDACTED] Glendale, CA 91201	Alarm Installer	750.00	750.00	
1-19-99	Manoukian & Hosharian [REDACTED] Glendale, CA 91203	Attorneys	499.00	499.00	
1-27-99	Antranik Sepetjian [REDACTED] Glendale, CA 91206	Shirtmaker	1000.00	1000.00	

SUBTOTAL \$ 4499.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 8049.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 3867.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 11916.00

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 <u>1-1-99</u> through <u>2-20-99</u>	CALIFORNIA 1994 FORM 490
	Page <u>4</u> of <u>10</u>
	ID NUMBER <u>990121</u>

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Raf Manoukian / Manoukian For Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1-27-99	Nick Hacopian [REDACTED] Glendale, CA 91207	Real Estate mgmt.	1000.00	1000.00	
1-27-99	Garo Nal Bandian [REDACTED] Los Angeles, CA 90029	Chiropractor	200.00	200.00	
1-27-99	Garo BouL Doukian [REDACTED] Glendale, CA 91208	Chiropractor	100.00	100.00	
1-29-99	Mardiros & Armen Iskenderian [REDACTED] Glendale, CA 91207	Retail. Rest.	300.00	300.00	
1-29-99	Fred Minassian [REDACTED] Glendale, CA 91208	Attorney	250.00	250.00	
1-29-99	Hagop & Yan Yavroussian [REDACTED] Glendale, CA 91207	pharmacist	200.00	200.00	
SUBTOTAL \$			2050.00		

**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		CALIFORNIA 1994 FORM 490
from <u>1-1-99</u>		
through <u>2-20-99</u>		Page <u>5</u> of <u>10</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
<u>Rafi Manoukian / Manoukian For Glendale City Council</u>		<u>990121</u>

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1-23-99	Dzovig Zethian [REDACTED] Montebello, CA 90640	Baker	100.00	100.00	
1-29-99	Alexander SeFian [REDACTED] Glendale, CA 91206	Pharmacist	100.00	100.00	
1-14-99	Gary Manoukian Kevorkian [REDACTED] Glendale, CA 91208	orthodontist	100.00	100.00	
1-25-99	Herach ya De Gorian [REDACTED] Glendale, CA 91203	physician	100.00	100.00	
1-29-99	Jacob Orphali [REDACTED] Los Angeles, CA 90028	physician	100.00	100.00	
1-29-99	Shake Orphali [REDACTED] Los Angeles, CA 90027	physician	100.00	100.00	
SUBTOTAL \$			600.00		

**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		CALIFORNIA 1994 FORM 490
from <u>1-1-99</u>	through <u>2-20-99</u>	
		Page <u>6</u> of <u>10</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		ID NUMBER
<u>Raf Manoukian / Manoukian For Glendale City Council</u>		<u>990121</u>

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1-27-99	John Yekikian [REDACTED] Glendale, CA 91202	Chiropractor	100.00	100.00	
1-27-99	Vicken Simonian [REDACTED] Pasadena, CA 91101	Attorney	200.00	200.00	
2-10-99	ADKarian & Associates [REDACTED] Glendale, CA 91206	Attorney	500.00	500.00	
2-10-99	Hagop Manoukian Manoukian [REDACTED] Sherman Oaks, CA 91403	Property Investments	100.00	100.00	
SUBTOTAL \$			900.00		

**Schedule C
Non-Monetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1-1-99</u> through <u>2-20-99</u>	CALIFORNIA 1994 FORM 490
	Page <u>7</u> of <u>10</u>
I.D. NUMBER <u>990121</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Rafi Manoukian / Manoukian for Glendale City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (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)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>2-1-99</u>	<u>Next Day Color printing</u> [REDACTED] <u>Glendale, CA 91204</u>	<u>printer/ self.</u>	<u>printing</u>	<u>3000.00</u>	<u>3000.00</u>	
<u>2-20-99</u>	<u>ALBer Karamanoukian</u> [REDACTED] <u>Glendale, CA 91204</u>	<u>physician/ self</u>	<u>Rental space</u>	<u>500.00</u>	<u>500.00</u>	
	<u>Dalida Keuroghlian</u> [REDACTED] <u>Glendale, CA 91207</u>	<u>contractor</u>	<u>Food & drinks</u>	<u>1500.00</u>	<u>1500.00</u>	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5000.00

Non-Monetary Contributions Summary

- Amount received this period – non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 5000.00
- Amount received this period – non-monetary contributions of less than \$100.
(Do not itemize.) \$ - 0 -
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$** 5000.00

**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>1-1-99</u>	CALIFORNIA 1994 FORM 490
through <u>2-20-99</u>	
Page <u>8</u> of <u>10</u>	
I.D. NUMBER <u>990121</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Rafi Manoukian / Manoukian For Glendale City Council

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 <small>(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)</small>	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
<u>US Postmaster Glendale, CA</u>			<u>mailings</u>	<u>250.00</u>
<u>Rafi Manoukian [REDACTED] Glendale CA 91203</u>			<u>Reimbursement for election filing fee state ment fee</u>	<u>850.00</u>
<u>Political Data Inc. [REDACTED] Burbank, CA 91502</u>			<u>purchase Database</u>	<u>1253.38</u>

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 \$ 2353.38

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>9017.84</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>97.42</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ <u>- 0 -</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>- 0 -</u>
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 \$ <u>9115.26</u>

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>1-1-99</u>	CALIFORNIA 1994 FORM 490
through <u>2-20-99</u>	
Page <u>9</u> of <u>10</u>	I.D. NUMBER <u>990121</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

RAFI Manoukian / Manoukian For Glendale City Council

CODES FOR CLASSIFYING EXPENDITURES

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

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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Sara Arakelian</u> [REDACTED] <u>Glendale, CA 91206</u>			<u>video & pictures</u>	<u>240.00</u>
<u>Next Day color printing</u> [REDACTED] <u>Glendale, CA 91204</u>			<u>Printing Flyers</u>	<u>3680.50</u>
<u>Political Data Inc.</u> [REDACTED] <u>Burbank, CA 91502</u>			<u>Absentee Ballot laser printing</u>	<u>203.58</u>
<u>All Direct Mail Services</u> [REDACTED] <u>N. Hollywood, CA 91605</u>			<u>Mailing House</u>	<u>2040.38</u>
<u>US postmaster</u> <u>Glendale CA</u>			<u>Postage</u>	<u>500.00</u>

SUBTOTAL \$ 6664.46

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period from <u>1-1-99</u> through <u>2-20-99</u>	CALIFORNIA 1994 FORM 490
	Page <u>10</u> of <u>10</u>
	I.D. NUMBER <u>990121</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Raf; Manoukian / Manoukian for Glendale City Council

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 SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD		AMOUNT ACCRUED
	CODE	OR	
<u>ED H & Associates</u> [REDACTED] <u>Los Angeles, CA 90036</u>			<u>Canvassing</u> <u>4700.00</u>
<u>ADria Nazarian</u> [REDACTED] <u>Winnetka, CA 91306</u>			<u>Consulting</u> <u>2500.00</u>
<u>Next day color printing</u> [REDACTED] <u>Glendale, CA 91204</u>			<u>printing</u> <u>800.00</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)	\$ <u>8000.00</u>
2. Accrued expenses this period of under \$100. (Do not itemize.)	\$ _____
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)	INCURRED TOTAL \$ <u>8000.00</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)	PAID TOTAL \$ (_____)
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.)	NET \$ <u>8000.00</u> <small>May be a negative number</small>